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ABSTRACT

Organized into three sections, these resource materials provide basic information for child caregivers about occupational hazards associated with child care work; personnel policies, staff burnout and environmental stressors; and employee rights. Contents of the first section include a general discussion of health and safety hazards in child care environments; a health and safety checklist; a fact sheet for women who clean child care centers; a discussion about art materials that should be avoided and alternatives to hazardous cleaning materials; guidelines for avoiding back injuries and preventing infectious diseases in child care centers; and discussions focusing on the eradication of infestations of head lice in children, control of cockroaches without the use of pesticides, asbestos in schools, and free and low cost health and safety resources. The second section provides discussions of staff burnout in child care settings, improvement of substitute policies, staff break time policy, health coverage, and personal safety for child care staff. Also provided is a discussion of possible environmental causes of stress on child caregivers. Materials in the third section deal with workers' compensation benefits, employment rights and wage and hour laws in California, and employment rights under the Fair Labor Standards Act. (RH)

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HEALTH AND SAFETY Resources for

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Child Care Workers

The Child Care Employee Project (CCEP) is a non-profit organization devoted to improving child care working conditions through training, consultation and distribution of a newsletter and resource materials. For more information and a publication list write:

Child Care Employee Project
P.O. Box 5603
Berkeley, California 94705
415/653-9889

Occupational Hazards

WARNING: CHILD CARE WORK MAY BE HAZARDOUS TO YOUR HEALTH

HEALTH AND SAFETY CHECKLIST

FACT SHEET FOR WOMEN WHO CLEAN CHILD CARE CENTERS

ALTERNATIVE CLEANERS AND ART MATERIALS TO BE AVOIDED BY CHILDREN AND THEIR CAREGIVERS

HOW TO CARE FOR YOUR BACK

PREVENTING INFECTIOUS DISEASES IN CHILD CARE CENTERS

FACTS ABOUT HEAD LICE

CONTROLLING COCKROACHES WITHOUT THE USE OF PESTICIDES

ASBESTOS IN SCHOOLS

FREE AND LOW COST HEALTH AND SAFETY RESOURCES

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Cover illustration from Avoiding Burnout, Acropolis Books, Washington, D.C.

Warning: Child Care Work May Be Hazardous to Your Health

by Marcy Whitebook and Gerri Ginsburg

As most child care staff are painfully aware, working conditions in the field leave much room for improvement. Low wages, minimal benefits and unpaid overtime contibute to staff burnout and rapid turnover. What's more, as serious as these conditions are, they do not represent the whole story.

In a 1978 study of working conditions conducted by the Child Care Employee Project, two thirds of the child care workers responding reported that their health was adversely affected by their jobs. In 1982, the Project pursued this finding by conducting a nationwide survey of child care health and safety working conditions (Child Care Employee Project Newsletter, Vol. 2, No. 1, Spring 1983.) The results indicate that, indeed, there are serious health and safety hazards present for staff in many child care environments. Workers suffer from illness, emotional distress, physical disabilities and exposure to harmful chemicals.

Very often, staff will ignore the ill health effects caused by their jobs, concerned that children's needs should always be considered first. While it is our job to respond to children's needs, what child will benefit from a burned-out, ill caregiver? Placing value on our own health and safety will help both us *and* the children, by preserving our physical and mental health and by insuring that we will be vital and healthy people *and child care workers* for a long, long time.

What Staff Can Do

After identifying hazardous health and safety working conditions, staff can bring their findings and concerns to the attention of their administration, or the administration can initiate the discussion with staff. Staff should request training and materials to learn more about improving working conditions and avoiding their negative consequences. Listed here are some basic suggestions and resources.

Marcy Whitebook is coordinator of the Child Care Employee Project. Gerri Ginsberg is consultant to the Project. The photographs are from the Project's postcard series, sold to raise funds for free services to child care staff.

Illness/Infection

Be sure you are following the most up to date procedures for preventing illness and infection (your's and the children's) in the center. Check out the suggestions in two recent articles:

- "Preventing Illness in Infant/Toddler Day Care", Ruth Highberger and Mary Boynton, *Young Children*, March 1983.
- "Health Update: Infection in Day Care", Susan Aronson, M.D., *Child Care Information Exchange*, March/April 1983.

Body Strains

Most child care-related injuries occur in the lower back. Such injuries can be reoccuring. Ask your director to have a physical therapist come in and demonstrate preventative back care. (Many physical therapists will do this for low or no cost.) Until then, follow these tips:

- To lift, use your legs, not your back.
- Bend your knees and lift from a partial squat position.
- Face what you're lifting; don't bend and twist.
- Hold things as close to your center of gravity as possible, not on your hips.
- Bend your knees when you reach for something.
- Push more than pull.
- Change your position often.
- Keep your knees and hips at the same level. (When sitting in a small chair, sit on a telephone book.)
- Clear a space on the floor so you can do periodic back stretching exercises.
- Don't use child-sized furniture when you can avoid it. Use regular, comfortable adult-sized furniture for breaks and staff meetings. Make an adult-sized table or counter available for eating and doing desk work.
- Ask for help when you need it.

Hazardous Chemicals and Art Materials

Many items used in day care, even some of those listed as "non-toxic," can have harmful effects on adults and children. Substances may irritate skin and eyes, vapors can harm respiratory systems, and chemicals can enter the bloodstream through cuts and infections. Always maintain good ventilation and circulating air in the center, and use gloves when working with dangerous or irritating substances. Some other hints to avoid trouble are:

Cleaning Solutions

- Avoid known dangerous substances.
- Read labels carefully to find out ingredients, to learn how to use solutions safely, and what to do when problems occur.
- Learn the signs of distress from inhalation, ingestion and skin contact.
- Don't mix chemical cleaners such as ammonia and chlorine bleach.
- Teach new staff members about the safe use of chemical and art materials.

Art materials

- Learn about the art materials you use. For information on non-toxic art materials write to:

The Arts and Crafts Institute
715 Boylston St.
Boston, MA 02116

or address your concerns and questions to:

Art Hazards Information Center
5 Beekman St.
New York, NY 10038

- Use water-based colored markers and other art materials.
- Use wet clay and liquid paint. (Dry clay contains silica, which can be toxic when inhaled. Other dry materials to avoid are instant paper mache, pastels, aerosol sprays, and powdered tempera.)
- Use poster paints instead of glazes on clay.
- Keep the art area well ventilated.
- Clean the area well so that toxic dusts do not accumulate.
- Keep food or drinks out of the art area.

Project Postcard

Pesticides

- Try to avoid the use of chemical pesticides (little is know about their long-term effects) by emphasizing good sanitation procedures.
- Caulk all cracks around sinks, cupboards, moldings and bathroom fixtures.
- Install new washers on faucets to eliminate dripping water.
- Store all food in tightly sealed glass jars.
- Put away all animal food or dirty dishes.
- Seal your garbage.
- Use boric acid for hard-to-get-at places. (Boric acid is safe except when ingested, so make sure children can't reach it.)
- If you must spray with pesticides, request that spraying be done when needed, not at the exterminator's convenience.
- For More information and resources on alternative pest management contact:

The John Muir Institute for the Integration of Applied Sciences, Inc.
1010 Grayson St.
Berkeley, CA 94710

Stress

Limited resources, staff scheduling, and communication problems are often the causes of stress on the job. Given the current economic climate of child care, raising wages and lowering staff/child ratios may not be immediately feasible. However, there are some improvements which do not demand immediate funds. Staff can call upon and work with their administration to:

- Clarify and improve substitute policy.
- Institute a dependable break policy.
- Investigate possible medical coverage alternatives.
- Design and enact appropriate grievance procedures.
- Participate in shared decision making.
- Improve staff-parent relationships.

Project Postcard

Legal Recourse

The identification and elimination of hazardous health and safety working conditions requires an alert staff and responsive administration. The combination of the two can ultimately reduce the likelihood of injury and illness to staff members. However, if unsafe conditions continue to exist despite staff efforts to have them corrected, or if a staff member is injured while on the job, workers have some available options:

- Contact the Occupational Safety and Health Administration to report hazardous conditions and request an inspection. (Unfortunately, many child care-related hazards are not regulated in this manner.)
- If injured on the job, staff may be eligible for Worker's Compensation. Consult a lawyer who specializes in this area immediately. No fee will be assessed at this time. Attorney's fees will be determined and awarded by the Worker's Compensation Board after a settlement is reached.
- Find out if you may collect Disability Insurance benefits while awaiting a Worker's Compensation settlement. Contact your state employment department to find out more information.
- For more information on occupational health and safety contact:

Labor Occupational Health Program
Institute of Industrial Relations
Center for Labor Research and Educ.
University of California
Berkeley, CA 94720

Project Postcard

Checklist for Health and Safety Conditions

Staff can use this preliminary checklist to identify major problem areas.

BEST COPY AVAILABLE

ILLNESS/INFECTION

1. In the past year, how many staff have been exposed to and/or contracted:
   head lice ____ flu ____ colds ____ sore throat ____
   impetigo ____ childhood illnesses ____ hepatitis ____
   giardiasis ____
2. In the past year, how many staff have worked when sick? ____
3. Is there an adequate and effective substitute policy? _____
4. Is there established policy for caring for sick children? _____
   Is it always enforced? ____
5. Is there a separate area set aside for sick children? _____
6. How and where are children diapered? _____
7. How is the diapering area cleaned? _____
8. Are staff members screened for ruebella? ____ TB? ____

BODY STRAINS

1. In the past year, how many staff have suffered from back/neck/shoulder or leg strains? ____
2. Is there adult-sized furniture available for staff? ____
3. How often do staff members move heavy equipment or furniture? _____
4. Is there adequate and easily accessible storage available? _____

CHEMICALS AND ART MATERIALS

1. Name the chemicals/cleansers used on-site: _____
   _____
2. Are all chemicals/cleansers labeled properly with directions for use? ____
   with warnings? with instructions for emergencies? ____
3. Do you use: powdered tempera ____ permanent markers ____
   dry clay ____ lead glazes ____ instant paper mache ____
   Others _____
4. Have staff members experienced skin, nose, eye or respiratory problems from cleaning solutions and/or art materials? _____
5. Do you spray with pesticides to control fleas, roaches or other vermin? _____

STRESS

1. How many staff members feel their job is stressful? ____
2. What areas do they think are most stressful? _____
   _____
3. How many staff have experienced:
   headaches ____ trouble sleeping ____ muscle strain ____
   eyestrain ____ changes in menstrual cycle ____
   digestive/stomach problems ____
   nausea/dizziness ____ exhaustion ____
4. Are there established, effective policies for:
   breaks? ____ pregnant workers? ____ grievance resolution? ____

FACT SHEET

FOR WOMEN WHO CLEAN CHILD CARE CENTERS (or work in the home)

This factsheet will describe some of the hazardous materials that people in homes may use, diseases that may affect them and accidents that may occur in the home. Suggestions are included on how to avoid these problems.

Almost every woman does housework. Women who do housework may come in contact with a number of chemical or physical hazards and dangers. Many serious injuries occur in the home.

HOUSEHOLD PRODUCTS

Many household products can be dangerous. Listed below are some cleaning substances, their dangers and suggestions for preventing accidents or illnesses.

General Precautions

1. All of the substances below should be kept in locked closets or cabinets out of the reach of children and away from food.

2. Always read labels before using. Labels have information on what to do if these substances spill, are breathed in, touch the skin, or are accidentally drunk.

3. Rubber gloves can protect hands from harmful products. They should extend about one-third of the way up your arm so that detergents or cleansers cannot splash or spill onto them. Gloves shouldn't be worn for long periods of time because hands sweat and may become irritated when gloves block off air.

Cleaning Substance	*Possible Dangers*	*Prevention*
Drain cleaners and lye	Can cause serious burns	Wear gloves and don't let skin come in contact with them. Follow directions on labels. Different kinds of cleaners shouldn't be used at the same time, such as combining drain cleaners with bleach or toilet bowl cleaners. Poisonous gases can be formed.
Oven cleaners	Can give off irritating or dangerous fumes or gases	Use brands that contain less dangerous chemicals. Follow directions on labels. Wear gloves.
Ammonia	Can cause severe eye and lung irritation. If mixed with chlorine bleach, it can form a very poisonous gas called chlorine gas. Chlorine gas can cause coughing, loss of voice and, in high concentration, eventually death.	Use in ventilated area (where there is plenty of fresh air). Don't close door of room you are working in.
Bleach	Can give off poisonous gas if used with other cleaners.	Toilet bowl cleaners should never be used with bleach. Follow directions on label.
Aerosol sprays	Can irritate lungs if breathed. Many consumers and environmental groups do not recommend using aerosols for ecological reasons.	Follow direction on labels. Use in well ventilated area. Substitute non-aerosol products when possible.
Floor waxes--furniture polish	Irritation of lungs and nasal passages	Use in well ventilated area.
Cleaning fluids	May cause irritations. May contain dangerous solvents. Many have been found to be cancer-producing in animals.	Avoid contact with it. If necessary to use them, do so only in well ventilated area. Read labels.
Pesticides	Serious poisoning--nerve damage	Don't let it touch skin. Follow instructions. Keep away from children, pets, food and dishes. Don't use outdoors if it is windy.

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ALLERGIES AND SKIN PROBLEMS

Sometimes people are very sensitive to certain substances which cause them to have allergic reactions. Allergies can cause itching, rashes, hives, teary eyes, troubled breathing and other more severe reactions such as fever. Hay fever is one example of an allergy. Allergic reactions may develop suddenly when a person is exposed to a substance, even if they have used this substance for a long time. Once you develop an allergy it is almost impossible to lose it. You must simply avoid contact with the substance.

Dermatitis is the name used for many types of skin problems. Some dermatitis is caused by simple irritation of the skin. You may want to seek medical attention for these problems.

The signs of dermatitis may include:

inflammation	growths	oozing or crusted sores
redness	thickened skin	itchiness
flaky skin	blisters	scaly skin
pain	acne-like sores	

Other times things that you use often, like cinnamon, can cause an allergic reaction which also results in dermatitis. This type is contact dermatitis. The table shows some things which can cause dermatitis.

Common skin irritants found in the home

1. Cleaning products:
   - Bleaches
   - Toilet bowl cleaners
   - Drain cleaners and flushes
   - Grease removers
   - Window cleaners
   - Rug and carpet cleaners
   - Soap and detergents
   - Oven cleaners
   - Scouring pads
   - Metal brighteners
   - Pet shampoos
   - Tire cleaners
2. Bleaches
3. Waxes and polishes
4. Turpentine, paint removers
5. Insecticides, herbicides, rodenticides
6. Fertilizers

Common substances causing allergies in the home (not including cosmetics, clothing or medication)

1. Soaps and detergents
2. Deodorizers (pine oil, oil of wintergreen)
3. Furniture polishes and waxes (pine oil, lemon oil)
4. Plants (English Ivy, Philodendron)
5. Foods:
   - Vegetables (tomato, carrot, celery, onion, garlic)
   - Citrus fruits (limes, lemons, oranges)
   - Spices (cinnamon, cloves, anise, vanilla)
   - Fish
   - Dough conditioners
6. Exotic woods
7. Glues
8. Antiseptics
9. Insecticides
10. Herbicides
11. Insect repellents

Preventing Skin Disease

To prevent skin disease, you should avoid letting the skin come in contact with chemicals and strong cleaning agents and avoid letting hands stay wet for long periods of time. When strong substances are used, gloves should be worn to protect the hand. Hands should always be kept clean after working with strong substances. Using hand lotion containing lanolin may prevent skin irritation by keeping your skin from getting too dry.

INFECTIONS

"When the children of the house have colds or the flu I am expected to come to work. When I have a cold or the flu, I am told not to come to work and of course I have to miss a day's pay."——a household worker

More than 1¼ million women are paid household workers. They are often exposed to flu and cold infections of sick children and adults and to childhood diseases which can be very dangerous if contracted by adults. Since household workers usually have no sick leave, medical coverage, or disability insurance, exposure to infections can also be hazardous to the pocketbook.

It is important for those who work around children to have received immunizations, including vaccinations against the red measles and German measles. If a woman who is pregnant gets the German measles, there is a great probability that her child will have birth defects.

ACCIDENTS IN THE HOME

Falls or slipping cause many serious accidents in the home.

To prevent falls:

Throw rugs should be eliminated or secured to floors.
Rugs should have non-slip backing.
Use handrails on stairs.
Don't wear shoes with slippery soles.
Make sure rooms and halls are well-lighted.
Rooms and halls should be free of objects one could trip over.
Water, food and grease should be cleaned up immediately.
Bathtubs or showers should have hand grips.
Sturdy ladders should be used to reach high places.

Burns can cause serious accidents in the home.

To prevent burns:

When cooking, pot handles should be turned away from the edges of the stove.
Use proper ashtrays.
Have a plan for leaving the home in case of fire.

Electrical shock or electrocution can cause serious accidents in the home.

To prevent shock:

Don't touch electrical cords or wires with wet hands.
Extension cords should be in good repair——not frayed.
Extension cords should not be overloaded with too many plugs.
Extension cords should not run underneath rugs.
Don't use electrical appliances in wet areas.
Electrical appliances should be working properly.
Never stick anything into outlets except proper plugs.

First aid supplies should be available and you should know when and how to use them.

BONES AND MUSCLES

Your muscles and back can be injured if you must lift or move things that are too heavy or must carry things that are too bulky. (See also the *WOHRC Fact Sheet* on lifting or moving.) Also, working for long periods in uncomfortable or unnatural positions may damage muscles, bones, joints, or the ligaments and tendons that hold the body together. All of these problems are made worse if you work for long periods in extreme cold or heat (as in a hot kitchen or laundry room) or if you must keep your hands in water (as while scrubbing floors).

Muscle and Bone Injuries and Their Possible Causes

Name	*Problem and Possible Cause*
Muscle soreness (Tendonitis)	Tendons are strong elastic connectors of muscles and bones. If used again and again in unnatural, uncomfortable ways, such as scrubbing, they become inflamed, swollen, and sore. Women who must constantly wring out clothes, rags, or sponges may get it.
Wrist, hand soreness (Tenosynovitis)	Rapid and/or repeated hand movements or poorly designed tools can cause soreness, swelling in hands, wrists, or lower arms. Eventually permanent damage may mean you cannot move the affected part of your body. Tenosynovitis can also cause carpal tunnel syndrome which causes fingers to be numb, tingle, or burn.
Slipped Disc	Discs separate and cushion bones in the spine in your back. They can slip out from between these bones. This is more likely to happen if bones and discs are not held tightly together because ligaments have been torn.
Torn Ligaments	Ligaments support the bones. Heavy loads strain back ligaments causing severe pain. When ligaments heal they are scarred and easier to injure again.
	Problems of the Joints:
Bursitis	This is usually a problem of knee, elbow, or shoulder joints probably caused by repeated pressure or jolts. The result is pain and often swelling. Since people who do a lot of housework may develop bursitis in their knees, doctors sometimes call this "Housemaid's Knee."
Arthritis	Arthritis is the condition where you develop inflamed joints which are often painful, hot, red and/or swollen.
Rheumatism	Rheumatism occurs when joints (or other connecting tissue such as tendons or ligaments) become inflamed, painful, and stiff.

SOME GENERAL THOUGHTS...

In 1977 there were 1¼ million paid private household workers in the United States. Ninety-seven percent of these workers are female and thirty-six percent are black or other minority groups. These figures do not reflect the thousands of household workers who work "off the books".

There are many other problems that can affect the health of any woman who works in the home. The frustration of having to do repeated, sometimes unpleasant or boring tasks is one. Lack of respect from some employers, low pay and no job security may be others. Working alone with no one to talk to can also be a source of difficulty for some people. Such problems can cause stress and anxiety. They can make your job both unhealthy and difficult.

If you are a paid household worker, it is important to watch out for your own safety and health. Some changes will probably have to come from your employer. Some of the things that should be done are to provide enough and proper:

- ventilation
- cleaning supplies
- ladders
- gloves
- first aid supplies
- light and air
- cleaning appliances (in good running order)

If there isn't a household workers' organization in your area, you may want to consider forming one.

The **Women's Occupational Health Resource Center** has written a questionnaire for household workers to survey safety and health on the job. We would welcome your responses on this questionnaire because a survey of this kind has not been done before. If you or other household workers you know would be interested in filling out this questionnaire please contact us.

The **Women's Occupational Health Resource Center** is a central clearinghouse and maintains a communications network about women and occupational health. The **Resource Center** has:

●**Computerized library service** including government, union, legal and scientific publications. The information is organized by:

occupations
hazards and social influences
human body effects

●**Training programs**

●**Materials** produced include:

Bimonthly working women's Newsletter
Factsheets and health and safety packets
Technical Bulletin for occupational health specialists (in preparation)

●**Professional assistance**

If you have a question about your work and your health, or if we can be of assistance to your group, please contact us.

For more information write to: **Women's Occupational Health Resource Center**, The American Health Foundation, 320 East 43rd Street, New York, NY 10017.

AMERICAN HEALTH FOUNDATION
320 East 43rd Street, NY, NY 10017
Telephone (212) 953-1900

Child Care Employee Project

P.O. Box 5603
Berkeley, California 94705
(415) 653-9889

ALTERNATIVE CLEANERS

The U.S. public is becoming increasingly aware of the health dangers from exposure to toxic chemicals in the workplace. Ironically, the connection is rarely made that many of these chemicals are found in our homes. There are approximately 250,000 potentially lethal household products readily available in stores. Many of these are used regularly in child care centers.

Fortunately, alternatives to these hazardous products do exist. Some companies produce non-polluting cleaning products. Listed here are recipes for cleaners you can prepare yourself. The basic ingredients are simple, inexpensive compounds and only take a few minutes to prepare.

Laundry detergent:
Soft water - use 1/3 cup washing soda as the machine is filling and when full add 1½ to 1 2/3 cup laundry soap.
Hard water - same as above, but add ½ cup washing soda to first rinse.

Window cleaner:
Mix four tablespoons ammonia, 2 tablespoons vinegar, and 1 quart water.

Drain cleaner:
First try a plunger, then try ½ cup washing soda followed by 2 cups boiling water. A stronger treatment combines a handful of baking soda and ½ cup vinegar. Seal drain and allow to sit, then flush with water. This can be done on a regular basis to prevent build-up. (Washing soda, though less caustic than lye, is an alkali and should be locked up. It's dangerous!)

Magic spray cleaner:
For surfaces other than varnishes, aluminum or asphalt tile. Mix ½ cup ammonia, 1/8 cup vinegar, 1 tablespoon baking soda and 1 quart water. Pour into squirt bottle and use.

Furniture polish:
Mix 1 tablespoon carnauba wax with 2 cups mineral oil.

Rug shampoo:
Mix ½ cup soap with 1 pint warm water and 2 tablespoons vinegar. Whip into a stiff foam. Vacuum floor first and then apply foam. Allow to dry and then vacuum again.

Oven cleaner:
Sprinkle spills generously with salt when oven is still hot. The burned deposit should scrape off easily when oven is cooled.

Thanks to the Santa Cruz Women's Health Center for this information.

(over)

ART MATERIALS TO BE AVOIDED BY CHILDREN AND THEIR CAREGIVERS

SUBSTANCE	SUBSTITUTE
Clay in dry form.. Powder contains silica which is easily inhaled and harmful to the lungs.	Wet clay -- can't be inhaled
Glazes that contain lead.	Poster paints.
Solvents such as turpentine.	Water based paints.
Dyes, cold water or commercial with chemical additives.	Vegetable dyes, e.g., onion skins
Permanent Markers may contain toxic solvents.	Water based markers.
Instant Papier Maches may contain lead or asbestos.	Black and white newspaper and library paste or liquid starch.
Epoxy Instant Glues or other solvent based glues.	Water based white glue or library paste.
Powdered Tempera paints.	Use liquid paint or be sure to use non-toxic paints. Always mix in well ventilated areas, preferably with painter's mask.

Excerpted from Art Hazards Information Center Factsheet
5 Beekman St., New York, New York 10038

HOW TO CARE FOR YOUR BACK

right wrong right

STANDING: One foot forward, weight on both legs, knees slightly bent.

Put one foot up to change position.

Pressure on your back in each position equals:

50 lbs. 150 lbs. 200 lbs.

right wrong

SITTING: Slightly reclined, knees higher than hips.

Get close to work with your chair, not your head.

right wrong

REACHING

right

AT THE SINK: Bend and rest knees.

right

Open cabinet door and put one foot up.

right

wrong

wrong

WEIGHT SHIFT AND DIAGONAL

right

wrong

PUSH more than PULL

right

right

right

wrong

LIFTING: For light objects, leg in air; partial squat.

right

wrong

MORE LIFTING: Full squat with one foot forward.

right:

wrong:

KEEP THE LOAD CLOSE TO YOUR BODY: Shift weight to back leg before walking.

right

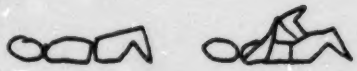
wrong

USE THE BUMPER OF YOUR CAR

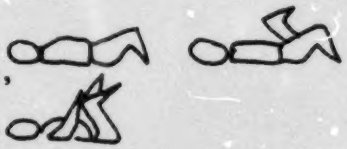
BACK EXERCISE PROGRAM

BACKLYING:

1. Full body stretch -- arms over head, toes pointed.
2. Single knee to chest -- begin with knees bent, feet flat on floor. Bring right knee to chest, lower to beginning position. Repeat with left knee.

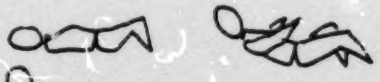


3. Double knee to chest--begin with knees bent as in #2. Bring both knees to chest, one at a time, and lower slowly to the beginning position one leg at a time.

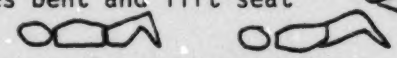


4. Diagonal sit-ups--begin with knees bent. Touch chin to chest, curl shoulders up, leave arms by side. Then reach right arm to left knee. Lower shoulders to floor, then lower head. Repeat with left arm to right knee.

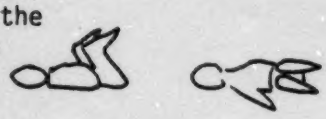
5. Modified sit-ups--same as above, but reach with both knees. It is only necessary to raise far enough to lift shoulder blades off the floor.



6. Bridging--begin with knees bent and lift seat off floor.

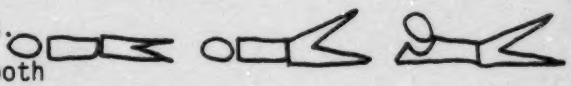


7. Hip roll--knees bent on chest, lower them to the right side, best to the chest and then to the left side. Keep shoulders flat on the floor. Move slowly.



SIDELYING:

1. Raise leg to ceiling: return. Reverse sides.
2. Repeat #1 resting on elbow. Movement is smooth and slow.

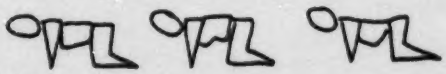


PRONE:

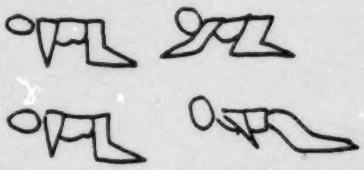
1. Upper torso extension--arms out in front, raise head, arms, and chest. Hold just off the floor.
2. Raise right arm and left leg; reverse.

ON HANDS AND KNEES:

1. Cat position - arch back, then let it sag.



2. Bring right knee to touch left elbow then extend leg out behind. Repeat with left knee to right elbow.
3. Rocking--begin on hands and knees. Sit back on heels, leaving arms outstretched. Bend head down to knees. Back to starting position. Now rock forward with weight over the arms.



4. Racer's start -- kneel on one leg, lean forward on other bent knee while first leg straightens out behind you.

SITTING:

1. Sit with back against wall. Stretch legs out in front and flatten knees to floor. Then lean forward, keeping knees on the floor, toes pointed up.
2. Legs spread out in front; reach to right tow, then center, then left toe and return.
3. Tailor sitting or Indian style sitting - lean head down to toes. Be sure to curve the back.
4. With soles of feet together, push knees down.
5. With soles of feet together, lean head down to feet.
6. Sitting straight in comfortable position, drop head forward and to the side, like looking under your arm. Then back up to middle. Repeat other side.
7. Tilt head so left ear almost touches the left shoulder.
8. Sitting straight, make circles with your shoulders. Reverse directions.

GENERAL RULES FOR EXERCISES:

1. Do them slowly and smoothly.
2. Start with 5 repetitions of each and work up to 10 repetitions.
3. Do them two times a day.
4. If an exercise is painful after 5 repetitions, omit that exercise from your routine.
5. See your doctor or therapist if you have any problems.

PREVENTING INFECTIOUS DISEASES IN CHILD CARE SETTINGS

Dear Judy: I have a small center with a lot of toddlers and the sickness cycle is starting. What can I do to prevent illnesses? -- Vicki

Dear Vicki:

It's impossible to prevent illnesses when children are in a group care setting (or even with "only" children at home, for that matter). But, there are some precautions you can take to limit the spread of germs in a day care setting. The sickness season - from December to March - is a good time for prevention.

The most prevalent illnesses affecting toddlers in group care are diarrhea and respiratory illnesses. The main vehicles for transfer of germs are hands, the diapering and potty areas and food. First focus on those areas where children go to the bathroom or are diapered. These should be very separate from the food preparation and food serving areas. In addition, the diapering area should have a washable surface and all the supplies you need close at hand. Clean this area after each diapering and especially after each bowel movement. Having a spray bottle with a disinfectant solution and sponge nearby will make it easier to do. (A solution of 1 Tbsp. of chlorine bleach in a gallon of water is a cheap and effective disinfectant. Keep the solution in a tightly closed, clearly labeled bottle and mark it with the date it was mixed. The solution should be changed once a month to maintain its effectiveness. Keep any disinfectant out of the reach of children at all times.)

Disposable diapers are especially useful for children who have diarrhea. Solid contents should be emptied in the toilet and the diapers then placed in a tightly covered container. (In fact, all waste -- kitchen and bathroom garbage as well as paper, etc. -- should be in closed containers. The kinds that have foot pedals to open are most convenient and hygienically safe.) If cloth diapers are used, they should be well-rinsed after changing, placed in a plastic bag and stored separately from the child's clean clothes until the parent takes them home. Your hands should be washed thoroughly with soap and running water after each diapering or toileting. Potty chairs and toilets should be wiped with the disinfectant solution after each bowel movement and -should be completely cleaned during naptime and at the end of the day. Sinks should be scrubbed out at least once a day with cleanser.

The food preparation area should always be kept clean. Also clean the high chairs, table tops and small chairs where children eat. Toddlers should wash their hands with running water before eating -- one washcloth used on several children can spread germs. Perishable food should always be refrigerated at a temperature of 40°. Cleaning dishes in a dishwasher with your hot water heater set at 180° is most effective. (Care, however, must be taken when children use the hot water for hand washing because water at that temperature can burn.) Hand washed dishes should always be washed in a hot soapy solution and rinsed well with hot water. As an extra precaution after rinsing, dishes can be soaked for 3 minutes in a solution of 1 Tbsp. bleach to 2 gallons of water and then air-dried.

Colds and runny noses are inevitable. Have lots of tissues or rolls of toilet paper readily available for frequent nose wiping. Also, teach children to cover their mouths when they sneeze or cough. Wipe off doorknobs, child-height shelves, chewable books, etc., once a week. (Preschoolers enjoy toy washing parties. Scheduling one every two weeks or so will keep the toys sparkling clean. Use a mild detergent for this.) Taking these steps may help to stop the spread of respiratory infections.

Opening up the windows and airing out your center every day -- especially the sleeping and eating areas -- is a good standard health practice. It's very difficult to prevent illnesses in children but having good hygiene practices and a clear health policy is a beginning.

Yours in sickness and in health,
Judy Calder, R.N.

Reprinted from the BANANAS Newsletter.

CONTROLLING COCKROACHES WITHOUT THE USE OF PESTICIDES

Dear E.T.;

Our downtown center is plagued by cockroaches. Some people want to have the center sprayed with pesticides, but a lot of us are worried about the potential health risks. Any ideas?

Pestered from Peoria

Dear Pestered,

Your concern is well founded. While many pesticides may not cause immediate harm, little is known about their chronic, long term health effects. Even if an exterminator sprays, if roaches have hiding places (inside books and other clutter) and a food source, they will return. Sanitation is key to eradication. Here are some things you can do to discourage the little buggers.

- Caulk all cracks around sinks, cupboards, moldings and bathroom fixtures.
- Install new washers on faucets to eliminate dripping water.
- Store all food in glass jars that can be tightly sealed (and seal them!).
- Leave no animal food or dirty dishes out.
- Seal your garbage.
- Use boric acid powder for hard-to-get-to places. This is safe except when ingested, so make sure children can't reach it.
- Try an ultra sonic pest repellant (about 50 cents) apparently safe for children and pets. These make high clicking sounds that "bug" bugs, hopefully keeping them in their place and out of yours.

If you have tried all these remedies with no luck, then what? Some centers have had the facility sprayed once to get the problem under control and then have been able to manage it through a combination of the above suggestions without further spraying.

If you decide to have the center sprayed, make sure a needs assessment is done. Most pesticides are administered on a two month schedule, no matter what. You can request that spraying be done WHEN NEEDED rather than at the exterminator's convenience.

For more information, contact:
The John Muir Institite Center for the Integration of Applied Sciences, Inc.
1010 Grayson, Berkeley, CA 94710
Phone: (415) 540-8140

They are working on a cockroach kit for centers!

Managing pests without pesticides takes time and energy -- if you decide to go that route let the children help you in making the center bugfree. It's a good way to raise their awareness of environmental issues.

And please...let us know if you find other solutions. We'll share them with everyone.

E.T.

WORKERS: CONTACT E.T., AND E.T. WILL PHONE (OR WRITE) YOU INSTEAD OF HOME. Send your questions and concerns to: Employee Talk, P.O. Box 5603, Berkeley, CA 94705.

NORTHERN CALIFORNIA FOLKS -- CCEP has developed an inservice program on Occupational Health and Safety. Call us if you are interested, (415) 653-9889.

Thanks to the Santa Cruz CA Women's Health Collective

- Learn to recognize signs of head louse infestation and check for them if a child or family member scratches the head often.
- Treat promptly when head lice are found.
- Notify others (school nurse, teacher, friends' parents).

WHEN CHILDREN CAN RETURN TO SCHOOL

Children with head lice are kept out of school until treated. Some schools require removal of all nits before children may return. Check with your school nurse before returning a child to school.

CLEARING UP SOME COMMON MYTHS ABOUT HEAD LICE

- Personal cleanliness will not prevent head lice. Anyone can get them, whether clean or dirty.
- Head lice cannot jump or fly.
- Head lice come from another person, not from dogs, cats, or other pets.
- Carpets and furniture are not a favorable place for lice. They do not provide the warmth, food, or moisture needed for lice to survive.
- No solvent (vinegar, etc.) will effectively dissolve the cement that holds nits to the hair.

Published by State of California
Health and Welfare Agency

Department of Health Services

Vector Biology and Control Branch
BENJAMIN KEH, Public Health Biologist
Principal Author

facts about HEAD LICE

and how to control them

CONTACT YOUR LOCAL HEALTH DEPARTMENT OR SCHOOL NURSE FOR FURTHER INFORMATION

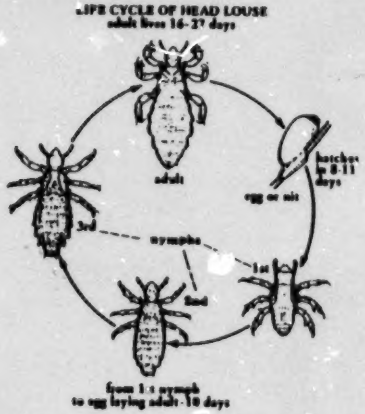
HEAD LOUSE INFESTATIONS (PEDICULOSIS)

Head lice have been known throughout history. In recent years, for reasons not entirely clear, we are seeing more people with head lice. Most people do not know what lice or nits (louse eggs) look like and do not suspect pediculosis when their children scratch their heads. Delays in treatment allow the lice to increase and to spread to others.

THE HEAD LOUSE—WHAT IS IT?

A head louse is an insect that lives on the human scalp and feeds on blood. While feeding, lice inject saliva into the skin which causes itching.

Head lice are not known to transmit diseases under natural conditions.



The scientific name for head louse is *Pediculus capitis*

WHO GETS HEAD LICE AND HOW?

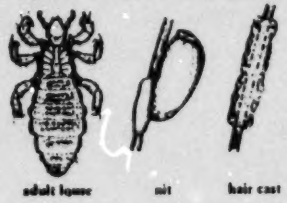
Anyone can get head lice, but they are most common on young school-age children. Personal cleanliness does *not* prevent a person from getting head lice.

An infested person is more likely to pass lice on to those with whom contacts are more frequent and prolonged, such as family members or overnight visitors in the home. To a lesser extent, a child might get head lice from schoolmates or from objects.

WHAT TO LOOK FOR IF PEDICULOSIS IS SUSPECTED?

If your child scratches his or her head frequently or if you hear of head lice occurring on frequent visitors to your home or on close friends of your child, inspect your child's hair for:

- Nits on the hair. These look like tiny oval objects glued to the side of the hair shafts. Their length is less than 1/2 the diameter of the head of a pin.
- Lice among the hair. Lice and nits are most likely to be found near the scalp where the hair is thickest, usually behind the ears and around the nape of the neck. Lice avoid the light. They grow from slightly larger than the nit up to 1/8 inch in length.
- Fecal specks on the collar. Specks are more likely to be seen if the hair is long, the collar light-colored, and lice plentiful.



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HAIR CASTS

Hair casts (material from the hair follicles) may be mistaken for nits. Both may be on the hair at the same time. A hair cast looks like a small collar or ball and slides easily along the hair shaft. Hair casts are unrelated to louse infestation.

HOW TO CONTROL HEAD LICE ON THE PERSON

- A variety of medications containing insecticides to control head lice (pediculicides) is available (see box).
- Carefully follow all directions on a pediculicide label.
- Remove nits with a specially made fine-toothed comb (see box at right). Follow directions provided with the comb. Some plastic combs sold for this purpose are not effective because their teeth are set too far apart.

EFFECTIVENESS OF PEDICULICIDES

- Not all pediculicides are fully effective against nits even when used in accordance with directions (though the label may say they will kill nits). Unless all nits are removed after treatment, you should re-treat on the 11th day after first treatment.
- Head lice can become resistant to pediculicides. If treatments are unsuccessful, check whether label directions were carefully followed. If so, suspect resistance and use another pediculicide with a different active ingredient.

SOME PEDICULICIDES YOU CAN BUY AT A DRUG STORE WITHOUT PRESCRIPTION

R & C Shampoo (contains pyrethrins)
Rid liquid (contains pyrethrins)
Triple X liquid (contains pyrethrins)
A-200 Pyrinate liquid or gel (contains pyrethrins)
Cuprex liquid (contains tetrahydronaphthalene and copper oleate)

INSECTICIDES FOR THE HOME

To be used on furniture, mattress, rug, etc. (NOT ON HUMANS). These are sold in pharmacies.

Li-Ban Spray (contains resmethrin)
R & C Spray (contains phenothrin)
VDP Lice Spray (contains resmethrin)

SOME FINE-TOOTHED COMBS THAT ARE EFFECTIVE FOR REMOVING NITS

Derbac (metal)
Medi-Comb (metal)
Innomed (plastic)

SOME NUMBERS TO REMEMBER

- When away from their hosts (people), head lice usually die within 3 days.
- Nits usually hatch in 8 to 11 days.
- Nits found on hair more than 1/4 inch from the scalp have hatched or died.
- Laundering linens and clothes in 140° F water for 20 minutes will kill lice and nits.
- Heating dry clothing or other fabric items in a clothes dryer (hot cycle—155° F for 20 minutes) will kill lice and nits.
- Storage of clothing or other articles for 20 days in sealed plastic bags will assure that no lice or nits will survive.

NITS ON HEAD HAIR

SIGN OF A SUCCESSFUL TREATMENT

- No new nits will be laid. When first laid, nits are attached to hair near the scalp. As the hair grows, they are moved away from the scalp. By 11 days after a successful treatment, no nits will be closer than 1/4 inch from the scalp.

SIGNS OF AN UNSUCCESSFUL TREATMENT

- New nits will continue to appear on hair next to the scalp.
- Some children, seemingly free of lice and nits after each complete treatment, will have "repeat infestations." This often occurs while others in similar circumstances (for example, same class in school) remain free of lice.

HOW TO CONTROL HEAD LICE ON CLOTHING, BED LINENS, AND FURNITURE

As a rule, only relatively small numbers of head lice will occur away from their normal host, a person. Away from their host, they will usually die in 3 days or less. Therefore, the following simple control measures are sufficient to prevent reinfestation after treating the infested persons.

- Vacuum furniture, rugs, and floors.
- Wash bed linens and washable clothing in hot water (140° F for 20 minutes).
- Heat dry clothing or other fabric items in a clothes dryer (hot cycle—155° F for 20 minutes).
- Dry clean clothing that cannot be washed or store articles for 20 days in sealed plastic bags.

INSECTICIDES FOR THE HOME

- Insecticide application to objects is usually not necessary. Most lice are on people.
- Use only insecticides approved for use against lice. The label will say so.
- Carefully follow all directions on the insecticide label.
- Do not use on humans insecticides that are intended for use on furniture, rugs, etc.

WAYS TO PREVENT THE SPREAD OF HEAD LICE

- Do not use personal items belonging to others (combs, hair brushes, towels, hats, clothing, etc.).
- Avoid hanging hats and coats on the same hook with others' clothing.

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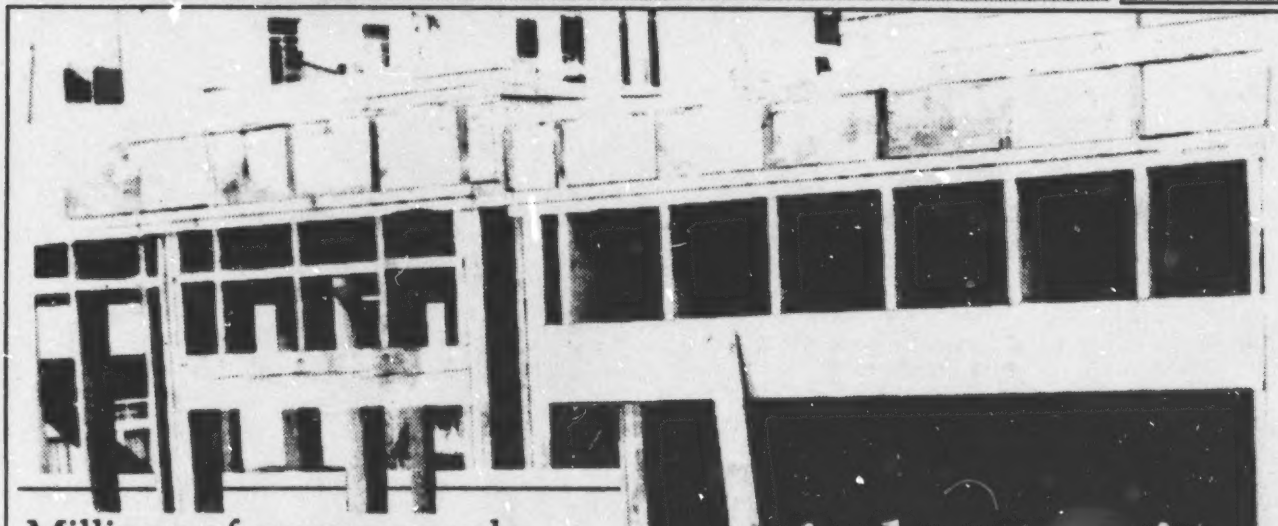
HEALTH



Asbestos in Schools

Millions of young people are inhaling deadly asbestos particles every day in schools all over the United States. . .

Building schools was big business during the late 40's, 50's, and 60's, the result of rising enrollments and a healthy economy. A popular building material at the time was asbestos, widely used for fireproofing, insulation, soundproofing, and decoration. Predictably, asbestos found its way into the walls, ceilings, floors, and pipes of many school buildings. The schools built in those years are getting older now, and the asbestos materials in many of them are crumbling and decaying.

Asbestos is a generic term for a number of naturally-occuring, fiberous compounds called the magnesium silicates. Asbestos fibers are flexible, incombustible, and chemical-resistant; they cannot be biologically destroyed or easily degraded.

These qualities, noted as far back as the first century A.D., give asbestos tremendous versatility. Asbestos fibers are used in countless objects, including theatre curtains, blankets, brake shoes, toasters, and rockets. In construction, asbestos was often combined with other materials and applied by spraying.

In 1973, the Environmental Protection Agency (EPA) banned the spraying of materials containing more than 1% asbestos. The ruling came in response to overwhelming medical evidence that linked asbestos exposure to cancer of the lung, colon, esophagus, stomach, and chest cavity; and to asbestosis, an irreversible and progressively disabling lung disease. Research dating as far back as the 1930's documented serious health problems associated with asbestos exposure in a number of groups:

- Workers in the asbestos industry who were exposed at high levels over long periods of time,
- Their families,
- People who lived near asbestos plants, and
- People who lived or worked in the vicinity of sites where asbestos was applied or removed.

Scientific proof of the dangers of asbestos exposure raised public concern for the safety of another group of citizens—children attending schools which were built before 1973. In a significant number of those schools, the conditions for asbestos exposure are present.

Asbestos is dangerous when it is inhaled. Although the presence of asbestos in a building is not in itself necessarily harmful, it does pose a hazard when pressure, damage, or deterioration causes asbestos fibers to enter the air. Many asbestos materials have a low resistance to impact; routine maintenance can cause hazardous chipping and flaking. Sports and other vigorous student activities can cause wear and tear on facilities, increasing the likelihood of dangerous asbestos particles being released and inhaled.

The National Cancer Institute predicts that more than one in seven cancer cases—58,000 to 75,000 actual deaths a year—will be attributable to asbestos. Because of their rapid growth rate, children are more susceptible than adults to some environmental cancers. Whether this applies to asbestos-related cancers has not yet been determined. Dr. David Rall, Director of the National Institute of Environmental Health Services, has voiced concern about the possibility. Asbestos-related illnesses have a long latency period—between 20 and 40 years. Rall and other medical experts fear that in years to come, large numbers of children who are now being exposed to asbestos will begin to show symptoms.

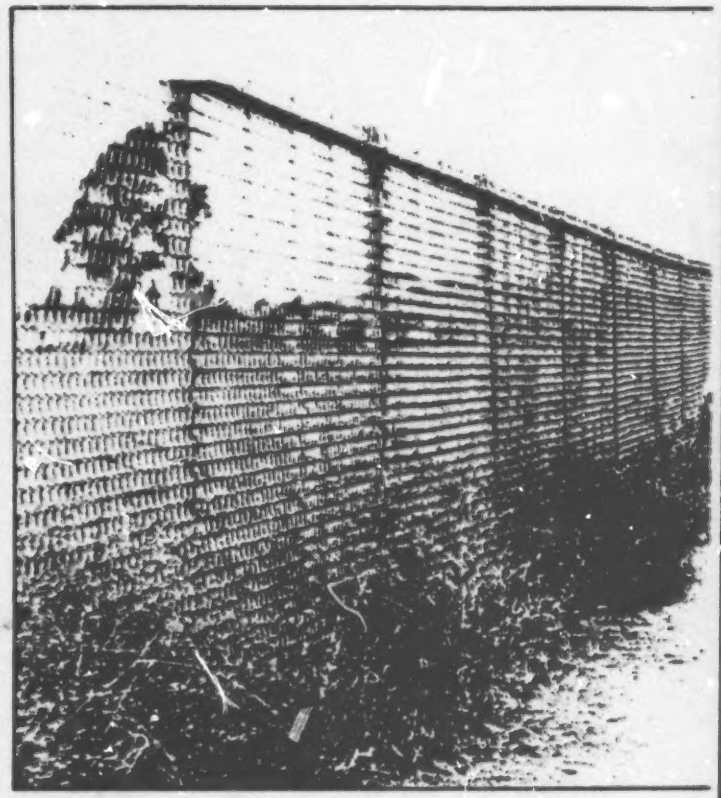
School Use Widespread

The actual incidence of hazardous or potentially hazardous asbestos in schools is still a matter of speculation. As recently as 1978, only 5% of the nation's schools had been inspected, according to an EPA survey. Of these, one school in six had dangerous asbestos materials.

States and local school districts which conducted studies reported that asbestos had been used extensively in school construction. In Massachusetts, a Special Legislative Commission on Asbestos discovered that 11.3% of schools in that state contained sprayed asbestos material. On the Island of Oahu, Hawaii, 64 out of 159 schools showed high concentrations of asbestos in ceilings. New York City officials found asbestos materials in 200 schools. The physical damage and deterioration that characterized many of these buildings, increase the chances that decaying asbestos materials will endanger the thousands of children attending those schools.

EPA experts believe the problem is nationwide; yet, seven years after that agency's rule halted the spraying of asbestos, there are no federal laws that protect children and employees in school buildings where the material is already present.

Legislation now before Congress would remedy this. Another promising development is EPA's action to establish a rule which would mandate asbestos detection and



removal operations in school facilities.

The Asbestos School Hazard Detection and Control Act of 1979 provides federal funds for the detection and elimination of dangerous asbestos materials in school buildings. The bill authorizes the Department of Education to grant up to $30 million over the next three years for building inspections and laboratory tests. Additionally, every year through 1982, $100 million would be set aside for long-term, interest-free loans to finance removal and containment projects.

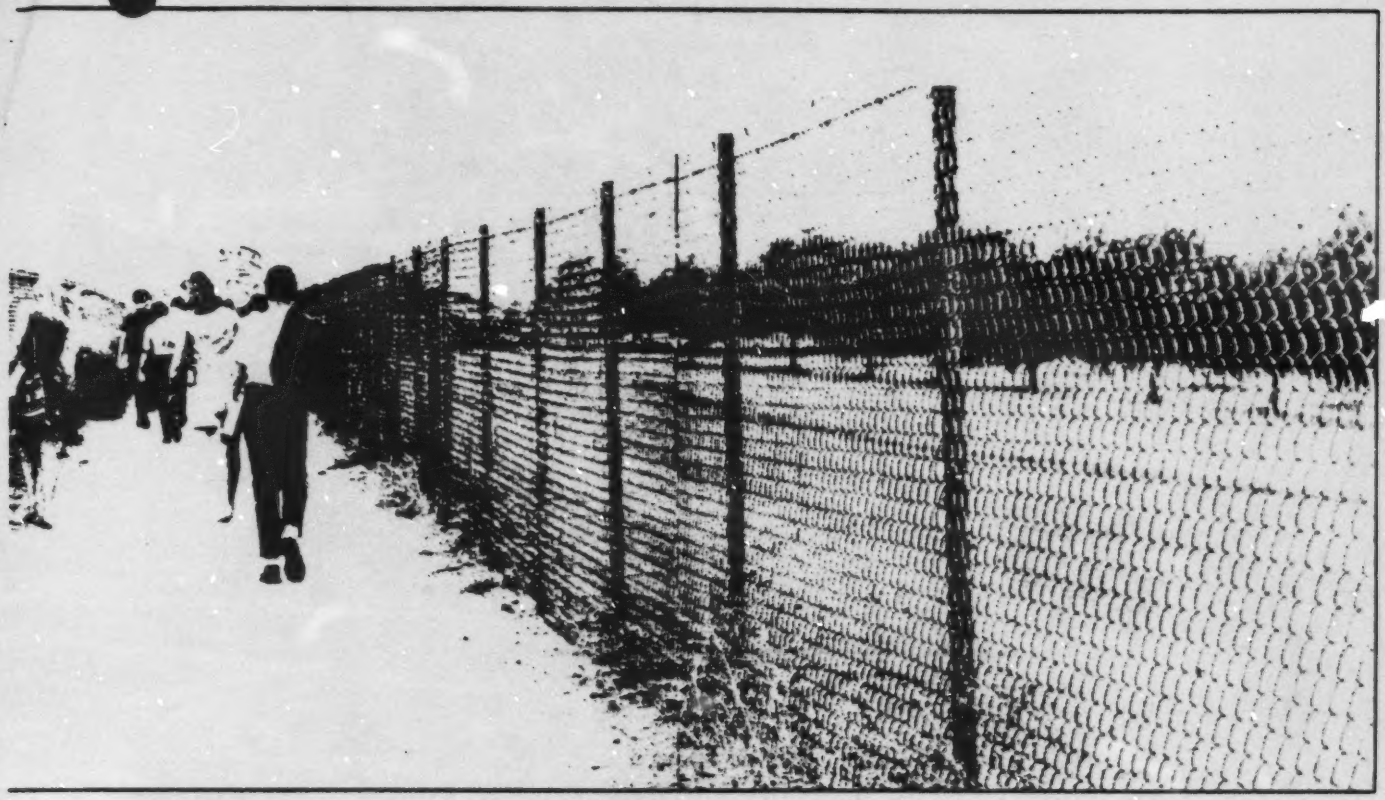
The House of Representatives passed the bill in December, 1979, by a vote of 336 to 63. As we go to press, a nearly identical version of the bill is before the Senate. An aide to Senator Javits (R-NY), a co-sponsor of the bill, predicts that the Senate will approve the measure this spring.

EPA to Propose a Rule

In March, 1979, the Environmental Protection Agency began a technical guidance and assistance program to "encourage and instruct" state and local officials in methods of inspecting school buildings, sampling materials, evaluating the hazards of damaged or deteriorating asbestos materials, and taking remedial actions. As part of this effort, the Agency distributes its "Guidance Packet" and sponsors a toll-free hotline which offers information about asbestos sampling and laboratory analysis procedures.

Citizens' groups and legislators have criticized the Agency's past failure to mandate and finance the detection and removal of dangerous asbestos in schools.

Two weeks after EPA launched the technical guidance program, the Agency denied a petition filed by the Environmental Defense Fund (EDF) which sought to require that



school districts search for asbestos in schools. The EDF petition also asked that asbestos manufacturers be made to finance the detection and clean-up operations. Although EPA agreed with EDF that a problem exists, and found "no doubt that asbestos is a human carcinogen," the agency asserted that "it does not necessarily follow that the existence of this problem should or must lead to immediate federal regulatory activity."

EPA has reversed this position. On September 20, 1979, the Agency issued an advance notice of proposed rulemaking to require:

- a nationwide survey of all elementary and secondary schools to detect dangerous asbestos,
- correction of any hazardous conditions, and
- periodic re-evaluation of school asbestos materials.

EPA received public comment on the rulemaking plan. The Agency is now awaiting reports on scientific procedures and costs before officials formally propose a rule. The announcement of the proposed rule, originally slated for December of 1979, is expected to come in May or June of this year. At that time, citizens will have another opportunity during a period for public comment to express their views on school asbestos to federal policy-makers.

NOTES

Sources for this article include:

Congressional Record—December 12, 13, 15, 1979
House of Representatives Committee on Education and Labor —May 15, 1979
Federal Register—January 19, March 23, April 4, September 20, and October 10, 1979.

The following sources can help concerned citizens learn how to tackle the problem of asbestos in their community's schools.

- The EPA "Guidance Packet" is available by phoning (toll free) 800-424-9065, or writing
  Office of Toxic Substances
  U.S. Environmental Protection Agency
  401 M Street, SW
  Washington, D.C. 20460
- Research Triangle Institute of Duke University provides information on sampling procedures and laboratory tests through a toll-free number, 800-334-8501, ext. 6892.
- "Asbestos in Schools: Information for Parents and Educators" is a free pamphlet published by the Environmental Defense Fund. A copy may be obtained by sending a stamped, self-addressed envelope to:
  EDF
  Dept. AP
  1525 18th Street, NW
  Washington, D.C. 20036
- EDF's new *Asbestos in Schools: Cleaning the Air* is a practical guide to understanding the technical aspects of inspection, containment and removal and to organizing community action. Send $1.00 to "Asbestos Manual," EDF, at the address given above.

—Fran Smith

Child Care Employee Project

P.O. Box 5603
Berkeley, California 94705
(415) 633-9889

FREE AND LOW COST HEALTH AND SAFETY RESOURCES

BANANAS CHILD CARE INFORMATION AND REFERRAL
6501 Telelgraph Ave.
Oakland, Calif. 94609
(415) 658-6046
Provides a wide variety of materials and services for parents and staff. Write for a publication list of their handouts on sick child care, head lice, infectious disease and other related issues.

CHICAGO AREA COMMITTEE ON OCCUPATIONAL SAFETY AND HEALTH (COSH)
542 South Dearborn, #502
Chicago, Illinois 60605
(312) 939-2104
Develops materials and action projects relating to worker health and safety. Provides a listing of COSH groups in other communities.

CHILD CARE EMPLOYEE PROJECT (CCEP)
P.O. Box 5603
Berkeley, Calif. 94705
(415) 653-9889; (213) 395-7577
Conducts research and provides written resources on child care worker health and safety issues. Provides staff inservice and individual consultation on health concerns.

CONSUMERS UNION FOUNDATION, INC.
256 Washington St.
Mount Vernon, New York 10550
(914) 667-9400
Publishes an action kit on lead hazards to children

LABOR OCCUPATIONAL HEALTH PROGRAM (LOHP)
Dept. of Industrial Relations, University of California
2521 Channing Way
Berkeley, Calif. 94720
Provides health and safety materials and conducts conferences and training for a wide variety of workers. Write for a publications list.

JOHN MUIR INSTITUTE
1010 Grayson St.
Berkeley, Calif. 94710
(415) 540-8912
Provides information and materials on how to control pests without the use of chemical pesticides.

WORKERS' CLINIC
San Francisco General Hospital
1001 Potrero
San Francisco, Calif. 94110
(415) 821-5507
Includes Physicians trained in occupational health and provides medical care for work related illness and/or injury. Check your local community for a workers' clinic.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)
U.S. Department of Labor
Publications Room N-3423
200 Constitution Ave. NW
Washington, D.C. 20210
Publishes a variety of free booklets and pamphlets on workers' legal rights relating to health and safety.

PUBLICATIONS

Aronson, Susan S., M.D., "Compliance of Child Care Programs with Health and Safety Standards: Impact of Program Evaluation and Advocate Training," in PEDIATRICS, Vol. 65, Number 2, February, 1980.

"Health Policies and Procedures," in CHILD CARE INFORMATION EXCHANGE, September/October, 1983.

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Stress/Personnel Policies

STAFF 'BURNOUT' IN CHILD CARE SETTINGS

STRESS FACT SHEET

IMPROVING SUBSTITUTE POLICIES

BREAK POLICY

HEALTH COVERAGE

PERSONAL SAFETY FOR CHILD CARE STAFF

Staff 'Burnout' in Child Care Settings

THE QUALITY OF CARE children receive in child care centers is often threatened by "burnout" – the phenomenon defined as a loss of energy and interest in one's job.

This assertion is made by Marcy Whitebook, Carollee Howes, Rory Darrah, and Jane Friedman in a report of their recent study of staff burnout in child care centers, "Caring for the Caregivers: Staff Burnout in Child Care." Portions of the report are summarized here.*

Contending that burnout is often responsible for the high turnover of staff in child care centers, Whitebook and colleagues state that continual staff changes "limit efforts to build consistent, creative, and responsive environments for children and their families."

Further, tense, overworked adults will probably have difficulty providing high quality care for children. Consequently, identification of those conditions which lead to burnout in child care centers is important.

Study Findings

Using survey research methods, Whitebook and colleagues interviewed 95 staff members from 32 San Francisco child care centers, representing one-fifth of the city's centers.

The interviews elicited information on such topics as staff training, wages, job responsibilities, job-related benefits, frequency of staff turnover, and changes staff would like in their centers. Center budget information and funding information were obtained from center administrators.

Among the findings were the following:

- *Wages and Benefits*: Center staff were found to be in the lower 10% of adult wage earners, even though 70% of them had a bachelor's or higher degree. Staff also received few benefits (such as medical and dental coverage, job "enrichment" days, and paid sick time). Half of the sample, for example, received no medical coverage. Of those who did, two-thirds received only partial coverage. Privately funded center staff were paid the lowest salaries and were the least likely to receive benefits.
- *Hours Worked and Breaks Available*: Seventy-two percent of staff in the sample reported working extra unpaid hours each week on curriculum planning, parent contact, center maintenance, and occasional fundraising. Many staff also contributed extra time by not taking breaks even though by California law, workers are entitled to a paid break for every 4 hours of work. More than one-third of the sample did not receive such breaks or could not take them because staff numbers were inadequate to cover on breaks.
- *Job Turnover*: Staff tended to switch centers often. While 54% of the total group had been in the field of early child care for 5 or more years, only 17% had been in one center that long. Turnover rates were lowest for staff in part-time programs which paid more and had lower adult-child ratios.
- *Decision-making*: Administrative staff had the most say on hiring and firing, budgets, and center enrollments. Teachers tended to have the most involvement in day-to-day decisions, including grouping of children, determining appropriate discipline, and communicating with parents. Although teachers and teacher-aides spent equal time with the children, 70% of teachers as compared to 37% of teacher-aides were involved in day-to-day decisions.

Staff offered various reasons for discontent with this often hierarchical arrangement of decision-making. For example, many of those left out of major decision-making felt that decisions were made on the basis of lack of information and without regard to the consequences for others of that decision. Aides expressed discontent because their opinions regarding day-to-day decisions were often disregarded even though they saw themselves as having parity with other staff in child care responsibility.

- *Sources of Satisfaction and Dissatisfaction*: Contrary to assertions made by other researchers that intense work with children contributes to burnout, 75% of the sample reported that the direct work with the children was what engaged and pleased them the most about their work. Other sources of job satisfaction included the opportunity to learn and develop personal skills while working, and the fact that no two days on the job were seen as being alike.

Among the sources of dissatisfaction expressed were the long hours, low pay, lack of benefits and job security, and poor center maintenance.

In general, child care staff were found to be underpaid and overworked; differences in working conditions among centers and job satisfaction among staff appeared to be related to such factors as job title distinctions, funding sources, and length of program day.

*The full text of this report will be available in Spring 1982 in *Current Topics* in Early Childhood Education, Vol. IV, Lilian Katz (Ed.), Norwood, NJ: Ablex Publishing Corp., 355 Chestnut Street, Norwood, NJ 07648. An earlier form of this report is available from ERIC under the title, "Who's Minding the Child Care Workers? A Look at Staff Burnout" (ED 188, 764, 27 p. 1980).

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Recommendations for Improvement

In order to ameliorate those conditions leading to burnout, Whitebook and colleagues suggest, among other things, that staff involvement in decision-making be increased, job title distinctions be examined, and break and substitute policies be improved.

Helpful as such changes may be, the most obvious resource needed, according to the authors, is more money in order to upgrade salaries and center facilities. Following a discussion of possible sources of additional funds for child care centers, the authors argue that a major stumbling block to acquiring such funds is the commonly held assumption in society that child care is work requiring few skills. As long as child care work is considered unskilled, its low pay and status will reflect this viewpoint.

The authors contend that "although already overworked," child care staff must work to change these attitudes. This requires such efforts as informing legislators and policy-makers of work conditions, pressuring organizations which represent child care staff, developing media outreach programs to inform people about child care work, creating new organizations for staff which enable them to support each other and share ideas about common problems such as contracts, grievances, health coverage, and unionizing.

Causes of Burnout Reassessed

According to Whitebook and colleagues, tackling burnout by reassessing such factors as a center's resources, staffing, programming, and scheduling can both improve work conditions and enable staff to see the conditions leading to burnout as being "outside of their own personal inadequacies."

Once staff perceive external factors as being in part responsible for burnout, the authors contend that staff may be better able "to address the larger tasks of legitimating child care work and publicizing the needs of child care workers." Such efforts, they conclude, "may result in child care acquiring the social support and financial resources needed to avoid the working conditions which ultimately result in burnout."

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facts about STRESS

WHAT IS STRESS?

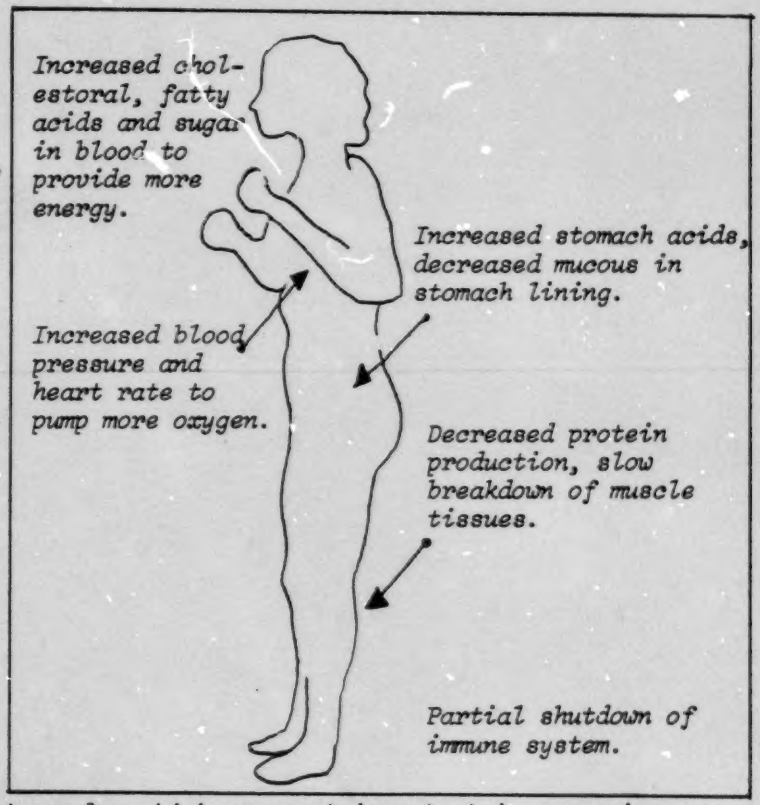
It is a myth that stress is always the result of "personal problems". Stress is a health problem which is often caused or aggravated by conditions at work. Stress can be a short-lived event, such as almost being hit by a car, or it can be day-in and day-out, such as working a hazardous job. No matter what the cause of the stress, the overall effect on your health is the same.

HOW DO WE COPE WITH STRESS?

Most of us have had a terrifying experience, whether being in an accident, bitten by a dog, or attacked. We know what that feels like: "Our adrenalin is really pumping", we say. Our heart pounds, we break into a sweat, breathe rapidly, clench our fists. Our entire body is mobilized against an outside danger, a "fight or flight" response.

When we are in daily stressful situations such as work, our body responds in the same way but less intensely and more constantly.

THE BODY'S REACTIONS TO STRESS


Increased cholestoral, fatty acids and sugar in blood to provide more energy.
Increased stomach acids, decreased mucous in stomach lining.
Increased blood pressure and heart rate to pump more oxygen.
Decreased protein production, slow breakdown of muscle tissues.
Partial shutdown of immune system.

HOW DOES THIS WORK?

Our central nervous system, adrenal and thyroid glands work together to provide increased energy for combatting stress. To produce more energy we need more oxygen and sugar in our blood, so...

--To get more oxygen to the brain and muscles which are most important in preparing us to "fight or flee", we breathe harder, our heart pumps harder and faster and our blood vessels get smaller to increase our blood pressure.

--More sugar is released into the blood, for use by the muscles and brain.

--Fats, such as cholesterol and triglycerides are released into the blood to provide highly concentrated energy.

At the same time, to preserve energy and channel it where it is most needed, the body "shuts down" several other systems which are normally involved in producing new red blood cells, building up muscles, processing food and fluids, combatting infection and protecting the body's tissues in other ways.

(Adapted from a PHILAPOSH Factsheet, Room 201, 1321 Arch St., Phila., PA 19107)

STRESS CAN CAUSE DISEASE

The changes that our body goes through to cope with stress usually work: we are able to get on top of the stressful situation without any harm to our physical or emotional health. However, if we are under very severe stress or repeated stress day-in and day-out, things begin to backfire. The mechanisms which our body used to combat stress can begin to cause diseases. What happens?

HIGH BLOOD PRESSURE

INCREASED BLOOD CHOLESTEROL

HEART DISEASE because your heart is constantly overworked and because high blood pressure and increased blood cholesterol.

Your defense mechanisms are less effective, so you may get:

INFECTIONS such as TB, pneumonia, viruses.

INFLAMMATORY DISEASES such as rheumatoid arthritis and some types of colitis.

ULCERS because your stomach and gut are less able to protect themselves against increased acid secretions.

DIABETES because your body is pumping more sugar into the blood.

EMOTIONAL PROBLEMS such as depression, inability to cope, and asthma, due to all the chemical changes in your body, combined with the fact that your nervous system is constantly in overdrive.

STRESS RELATED DISEASES:

HEART DISEASE
HIGH BLOOD PRESSURE
INCREASED CHOLESTEROL
DIABETES
PEPTIC ULCER DISEASE
REGINAL ENTERITIS
ULCERATIVE COLITIS
RHEUMATOID ARTHRITIS
INFECTIONS
MUSCLE SPASM CAUSING HEADACHES, BACKACHES, SPASTIC COLON
EMOTIONAL PROBLEMS

SYMPTOMS OF STRESS

Aside from the diseases listed above, there are early warning symptoms which can indicate that we are under more stress than we realize. It is important to pay attention to these symptoms and not just assume that they are part of "growing old".

SYMPTOMS OF TOO MUCH STRESS

AGITATION, WORRYING, DEPRESSION

NOTHING MATTERS ANY MORE

HEADACHES, BACKACHES

SLEEP TOO MUCH, OR UNABLE TO SLEEP

LOSS OF WEIGHT AND APPETITE

COMPULSIVE EATING AND WEIGHT GAIN

SKIN RASHES AND ITCHING

SEXUAL PROBLEMS

INCREASED DRINKING OR SMOKING OR USE OF DRUGS

HOW DO JOBS CAUSE STRESS?

Usually our jobs produce stress that is day-in and day-out, that slowly grinds us down. There are stresses that are common to all jobs or that we experience because we are minority or woman workers or shop activists. Causes of stress on the job include:

JOB INSECURITY because of proposed cutbacks, layoffs, automation.

UNEMPLOYMENT You are out of work and wonder if and when you are going to get another job.

INCREASED WORK LOAD Decrease in piece rate or increased belt speed, increased classroom size or client load.

HARRASSMENT from management.

NO UPGRADING PROGRAM strands you in a dead-end job.

DISCRIMINATION You get the worst work, lowest paying job or unequal pay because you are a women or a minority worker.

POWERLESSNESS No participation in decisions which affect your work.

CONFUSION No clear definition of your job responsibilities.

ISOLATION from co-workers, with few opportunities to establish friendships.

BOREDOM Dull, repetitive tasks with little variety.

COMPETING WITH OTHER WORKERS to make higher piece rate, for promotions, to get the supervisor off your back.

BURNOUT If your job involves helping other people, taking on responsibility for people with endless problems, working for a system that doesn't have the resources to help your clients, or really doesn't care.

LACK OF RECOGNITION Nobody tells you that you are doing a good job.

ENVIRONMENT Unsafe, too loud, too hot or cold, overcrowded. No place away from your desk or production line to relax and unwind.

SHIFT WORK which confuses your biological clock and interferes with your relationships with friends and family.

POOR RETIREMENT BENEFITS which leave you poor after working all your life.

See the other side for what you can do about stress...

WHAT YOU CAN DO

The first thing you must do is RECOGNIZE that your headaches, high blood pressure or ulcers may be caused or aggravated by your work. You may think that your bad health or depression is a "personal problem", but if you talk to co-workers you may find that they are developing many of the same problems.

The solution lies in eliminating the CAUSE of the stress. Although there are individual things that each person can do to help cope with stress, such as physical exercise, relaxation techniques or pills, when management decisions at the workplace are a major cause of stress, workers should demand changes and, when possible, negotiate guarantees for:

- JOB SECURITY: no lay-off clause
- Clear JOB DESCRIPTION with promises of no increased workload without Union consent (if applicable).
- UPGRADING AND ADVANCEMENT programs for all employees
- END to sexual and racial DISCRIMINATION
- More worker involvement in DECISION-MAKING
- A strong grievance procedure with PROTECTION AGAINST HARRASSMENT by supervisors.
- HEALTHY AND SAFE JOB CONDITIONS, including a comfortable place and enough time to socialize.
- Reorganization of work to provide more VARIETY AND CREATIVITY.
- WORKERS' COMPENSATION for physical and emotional problems which are job-related.
- A RETIREMENT PLAN which provides good financial security as well as counselling for the transition from employee to retired worker.

Stress is a health problem. We have a right to a workplace that doesn't cripple us for life because of safety hazards. We have the same right to demand that our job not cause so much stress that we get ulcers or have heart attacks or become depressed.

Child Care Employee Project

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CHILD CARE EMPLOYEE PROJECT HANDOUT #1: IMPROVING SUBSTITUTE POLICIES

Most people recognize that minor illness is part of the child care setting. It is expected that children will catch colds and flu. Adults working daily with young children are also likely to become ill. Yet, because of the difficulty of arranging for and keeping dependable substitutes, many centers function without adequate substitute policies. The result is that many staff keep working when they are ill, convincing themselves that they really are not "that sick." Upgrading coverage provided for ill staff -- an adequate substitute procedure -- is critical to a well-running child care center. Yet, creating a reliable substitute policy is a difficult task.

CLARIFYING POLICY: It is important to clearly identify who is responsible for calling the substitute. Rather than leave the task to the ill staff member, we recommend that center directors take this responsibility. Money for paying substitutes must be figured into the regular budget and should only be spent elsewhere if not used in the regular budget year.

A SUPPORTIVE PERSPECTIVE: Because of the difficulty of finding and keeping effective substitutes, it often becomes easier to hope that staff will not be sick or that they will keep working despite their illness. This kind of attitude can be detrimental to the way staff feel about their work. An ignored mild illness can become a serious long-term one, resulting in a further drain on center resources.

If a center finds that establishing a pool of substitutes from the community or staging a successful benefit to raise money for sub wages are not immediate possibilities, communication between staff and administration is critical. Staff need to feel secure that their requests for sick leave are looked on as legitimate. Feelings should be expressed and policy evaluated periodically. In this way, tensions do not build up and energy is better used to attack the greater social attitudes which render child care a so inadequately funded service.

FINDING AND KEEPING SUBSTITUTES: Following are some suggestions centers have found helpful.

- Set a decent salary for substitutes.
- Let parents know about the center's substitute procedure. They will appreciate your care and attention to staff illness.
- Take time to orient the substitute. Subs need to know that their time, energy and talents will make a difference to the program.
- Create a substitute handout for each classroom. Include daily schedule, basic goals of the program, where to find first aid equipment, emergency forms and curriculum materials, information concerning children in the class who have special needs.

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- Let the substitute know clearly that there is someone to ask for help. This "liaison person" can be a co-teacher or the center director.

- Suggest activities for the substitute which are "sure successes" but take relatively little preparation, supervision and clean-up such as play dough, story reading, records, drawing.

- If possible, have the sub visit the center before the first time s/he is called to work. This visit should be paid for at the regular hourly rate.

- When the sub visits, introduce her/him to staff and children. Responses from children will vary. Some may readily attach themselves to the new adult; others will be more upset by the presence of a stranger. Meeting the sub through someone children already know, however, may allow them to deal with some of their feelings.

- Regularly evaluate your center's substitute policy. Keep the sub list active; call subs periodically to make sure they are still available.

- Have someone from the center make a follow-up phone call to the substitute. Get feedback on how to improve the experience for all concerned.

- Consider joining with other centers to hire a sub who rotates between programs. This allows each center some quaranteed coverage plus provides dependable employment for the sub. If nobody is absent on your scheduled day, the sub can be involved in supervision and regular staff can have time to attend to parent conferences, planning, etc.

The current state of the economy means that many centers face shrinking budgets, thus making it difficult to upgrade sub procedures. But arranging a more workable sub policy will positively affect workers' experiences of their jobs, and thus the experiences of the children and the center as a whole.

This handout was supported by a Membership Action Grant from the National Association for the Education of Young Children and the Rosenberg Foundation. A longer, more detailed version appeared in the July/August issue of CHILD CARE INFORMATION EXCHANGE.

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CHILD CARE EMPLOYEE PROJECT HANDOUT #2: BREAK POLICY

Instituting a dependable break policy in a child care center is a formidable task. Unlike many work places, child care centers cannot be stopped when people need rest. Though the children require on-going attention, workers in child care centers need and deserve their breaks. Unfortunately, many, if not most child care workers fail to receive needed breaks. Reasons vary; in some states breaks are not required by law, and some states exempt employers from providing breaks to part-time workers. This often excludes child care staff who work at five or six hour a day programs.

In California, workers are entitled to a fifteen minute paid break for every four hours working; yet in the child care field the major impediment to taking breaks is lack of adequate staff for coverage. Many staff wait until naptime for breaks. Others feel uncomfortable leaving on a break if a co-worker faces an unmanageable ratio of children to adults. Still others use breaks for much needed curriculum planning and informal staff communication, certainly not a break from work.

CHANGING ATTITUDES: How can centers provide adequate breaks? Periodic evaluation of existing break policy is a first step toward developing a workable procedure. Although it may be initially awkward or intimidating to suggest a review of break policy, both staff and directors we have talked to found these evaluations fruitful. Airing feelings about existing policy is a foundation from which to revise procedures and develop new approaches. Breaks must be staggered and flexible in order to insure that children are supervised, but the administration's request for flexibility must not turn into a call to abandon breaks altogether "for the good of the program". To function well, staff must have confidence that the administration believes they are entitled to and deserving of adequate breaks during the work day.

COPING WITH COVERAGE: Because of the additional cost of hiring staff, most centers must work with existing personnel. Following are some suggestions for coping with limited staff.

- Utilize administrative and support staff to cover breaks. Some centers assign non-teaching staff to cover breaks on different days of the week.

- Integrate volunteers to cover breaks. Assign parents, students, or community members as floaters. The key to making this plan work is regular scheduling and dependable volunteers! There should also be a thorough orientation given to each volunteer concerning the duties and responsibilities of a floater.

- If budget and ratio allow, designate one staff member as a floater during break time for a week at a time. This person then becomes familiar with each of the classrooms in a large center and also gains perspective on the program by changing roles.

-OVER-

- Overlap staff shifts. Some centers arrange for afternoon shifts to arrive during the last half-hour of the morning shift. Though more expensive, this model facilitates covering breaks and also allows teachers time to share concerns and communication regarding their program.

ADDITIONAL SUGGESTIONS:

- Request that break policy be formalized -- written into contracts, job descriptions, and personnel policy.

- Provide an inviting space for staff that encourages relaxation during breaks. Too often the staff lounge -- if it exists at all - doubles as an office, storage room and/or place for a sick child. Even if space is limited, a comfortable chair placed in front of a window can serve as a place to relax. If at all possible, the center budget should pay for coffee, tea, juice, or other refreshments for the staff to enjoy.

- Request paid preparation time for staff. This suggestion may be unrealistic in your center due to costs, but it directly affects workers' break times. Because people want to limit their unpaid hours each day, many staff use breaks to do the work they would rather not take home.

- As a worker, recognize that being adamant about taking a time out is an important and legitimate position. Over-extending oneself by refusing breaks makes one more susceptible to exhaustion, illness, and burn-out.

This handout was supported by a Membership Action Grant from the National Association for the Education of Young Children and by a grant from the Rosenberg Foundation. A longer, more detailed version of this hand out appears in the December, 1981 issue of CHILD CARE INFORMATION EXCHANGE.

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CCEP Handout #3: Health Coverage

Although child care workers are continually exposed to contagious diseases and experience considerable stress in their jobs, many do not receive medical coverage as a job benefit. Most workers cannot easily afford to purchase health insurance due to low salaries. Relying on Medicaid to cover in an emergency while neglecting everyday health problems is a risky business, but it is a choice which child care staff must often make.

This handout explores some affordable medical coverage alternatives for centers and child care employees.

WHAT ARE THE DIFFERENT KINDS OF COVERAGE USUALLY AVAILABLE?

There are basically two kinds of health coverage -- individual and group plans.

WHAT ARE INDIVIDUAL PLANS AND WHAT ARE THE 'PROS' AND 'CONS' OF THIS TYPE OF COVERAGE?

Individual plans are those which can be purchased by someone on his/her own. They provide varying amounts of protection -- some cover only major illness, others include preventative check ups, dental care and therapy.

The "pros" are that you don't need to be part of any group, you don't need to be employeed full time, and you need not be consistently employed to qualify for coverage. The "cons" are that individual plans are often more expensive and sometimes have less coverage than group plans. Acceptance by insurance companies often depends on health history and age, and rates can be raised as often as every six months.

HOW ARE INDIVIDUAL PLANS OBTAINED?

To get information on individual plans, call local insurance agents and medical insurance agencies (Kaiser in California and Blue Cross almost anywhere in the country are good examples). Private physicians and clinics may also have information. **SHOP AROUND** -- even with individual plans, different companies offer varying coverage for similar payment rates.

WHAT ARE GROUP PLANS AND WHAT ARE THE 'PROS' AND 'CONS' OF THIS TYPE OF COVERAGE?

This is coverage which requires purchase by a group (usually a minimum of 10 members, but some companies are developing plans for as few as 1 or 2 members). What each plan covers varies greatly.

The "pros" may include "guarantee issue" which means that members with preexisting illnesses can be covered, and rates are often fixed for a year and cheaper than individual plans. The "cons" are that many insurance companies will only accept people who work full time, and only a few companies will cover associations, such as AEYC, or "consortiums" of child care people.

WHAT ARE THE STEPS TO OBTAINING GROUP COVERAGE?

The first thing to do is to create or join a group. There are several ways to go about this:

1. Join an established group. If your workplace is part of a larger agency or is connected to another association, you may be able to join an existing group plan. For example, if your center is affiliated with a church, ask about existing coverage for the minister and other staff. It is often relatively simple to include more people in an on-going policy. Sometimes it is beneficial for an existing group to expand, as rates depend on the size of the group.

2. Form a group. The simplist way is for one center to become a group. However, given the size of some centers, the group may not be large enough to qualify for the best coverage at the cheapest rates. Several centers, family day care homes, or other agencies can join together to form an association which can then purchase a policy. Such an association falls within tax exempt status, and must file an application for recognition of tax exemption (form 1024), and yearly returns (form 990). This option requires organization among the different centers or agencies, during the group's formation and on a continuing basis. A small charge in addition to the premium costs can be levied and paid to one agency which assumes billing and mailing responsibilities.

3. Use a preexisting organization. An agency with non-profit status can administer a group plan for specified members of the community. Unions and professional associations representing employees in the same line of work at different workplaces are prime candidates for this option, as are community resource agencies. Those child care workers currently organized in District 65, UAW and AFSCME enjoy extensive medical and dental coverage. AEYC in Southern California recently established a major medical plan for their members. And United Way offers a group plan for non-profit organizations throughout California.

If the organization's articles of incorporation do not specifically list insurance as one of it's services, the full board of directors should vote to include it. Because this is not a money generating activity (no income in excess of expenses) it has no tax impact on the agency.

The non-profit organization serves as the central office and is billed by the insurance company. A separate account should be maintained for the insurance or

coverage plan, and a charge can be levied to participants in the plan for staff costs, mailing, etc. One word of warming — the staff person handling the insurance billing can easily become an information source about insurance, so be prepared for frequent telephone calls. This is true for the agency handling billing duties in newly formed group (as in #2 above) as well!

AFTER A GROUP IS ORGANIZED, WHAT SHOULD HAPPEN?

One or more people need to start investigating group policy options. Because the energy and time involved in this may be somewhat extensive, it is a good idea for the people exploring policies to be given release time from their regular jobs or be compensated monetarily.

1. Find and work with several agents. You will need to talk to more than one insurance agent and consider the following questions for each one:

- Is s/he interested in learning about the particular constraints facing child care workers?
- Is s/he willing to work with associations or consortiums of people?
- Can s/he help you with tax related and fringe benefit questions?
- Does s/he know the full range of what is available or is s/he committed to particular companies?
- Will s/he do research on areas such as out-patient therapy coverage and coverage for part-time workers?

Don't be afraid to ask ANYTHING, no matter how inappropriate it sounds to you, and remember that it is legal and legitimate to negotiate with several agents (or brokers) at the same time. Some agents will continue to call you after you have decided not to work with them. You can't really avoid this, but try not to feel guilty. It is your (and your group's) right to choose.

2. Obtain a group profile. When you begin working with agents you will be asked for a census of members — name, age, sex, dependent coverage needed, hours of work, existing illnesses, etc. This information is necessary to determine the best coverage for the entire group and the cost of the premiums. Because insurance rates are based on the average age of a group rather than on specific age brackets, some agents can't give you actual rates until they know who will participate. This can lead to a "catch 22": you can't get a cost quote until you know the committed participants, and potential participants can't commit themselves until they know the amount of the premiums. Don't despair. There are companies who will be willing to offer an initial premium rates based on a general

group profile. The premium can be adjusted after a few months if necessary.

3. Consider policies. Be sure and read the terms of different policies and ask questions about each one:

- What is the actual coverage?
- What is excluded in the coverage (i.e. preventative check-ups, therapy?)
- What is the premium? For how long is the premium fixed?
- How often do premiums have to be paid? (Monthly or quarterly?)
- Can pay periods for premiums be negotiated if they are not convenient?
- How much is the yearly deductible? (Frequently a cheaper premium will be accompanied by a higher deductible).
- At what point does the insurance company pay 100% of the expenses? (After $500.00, $1000.00, $5000.00?)
- How are claims processed?
- Will the company pay doctor's fees directly? How soon after a claim is submitted?
- How soon are members reimbursed for expenses?

Don't hesitate to "back out" of a negotiation with an agent if you find the contract on a policy does not state exactly what was promised verbally.

ARE THERE ANY ALTERNATIVES TO REGULAR MEDICAL INSURANCE COVERAGE?

One alternative to regular insurance is a "health fund". This is a budgeted amount of money which the employer establishes per year per employee (eg. $300.00) and which can be used for health related services. Depending on the center's tax status and funding source, unexpended funds may or may not be carried over to the following year's budget.

The fund is considered a fringe benefit (see below), and can be an excellent way to supplement an existing health insurance benefit or to provide some coverage if a center cannot afford to cover total insurance costs. An additional "pro" for this alternative is that employees can choose where to spend health fund money (eg. for eyeglasses, therapy with a state licensed therapist, etc.).

A "con" is that the employee must "front" the money and then be reimbursed. Bookkeeping is also a little more complicated than for one-time payments to an insurance company.

WHEN IS COVERAGE CONSIDERED A "FRINGE BENEFIT"? WHAT DOES THAT MEAN FOR THE EMPLOYER AND THE EMPLOYEE?

Whatever portion the employer pays into an individual plan, a group plan, or a health fund is considered a fringe benefit for the employee.

The employee is not taxed on the fringe benefit, and if s/he pays for part of a premium, all or part of it may be listed as a deductible medical expense on an itemized tax return.

Those employers who pay business taxes can claim that portion of the premium payment (whether it is 50%, 100%, or 5%) as a deductible business expense.

Consult an accountant or the Internal Revenue Service for the specific regulations covering your situation.

WHAT ABOUT PREMIUM PAYMENTS? WHO SHOULD PAY THEM?

Although child care workers ideally deserve coverage paid in full by their employers, a first step may be to ask for an employer contribution toward some portion of the premium, whether it is a group or individual plan. Then perhaps each time the budget is discussed or staff pay negotiations are initiated, the amount of the employer's contribution to health insurance can be raised until the day when this "fringe benefit" is fully covered for all. Offering health benefits is one step toward providing child care staff with the respect and security they deserve.

DOES THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) HAVE ANY KIND OF MEDICAL PLAN FOR IT'S MEMBERS?

Beginning in 1984 NAEYC plans to offer a major medical plan for members. For information call (800) 821-7303 and ask for the administrator of the NAEYC medical plan.

BAY AREA (CALIFORNIA) STAFF PEOPLE:

Call the Child Care Employee Project at (415) 653-9889 for names of insurance plans which are being used by child care staff locally.

NOTE TO READERS:

If you are aware of other creative health coverage options, please write to the Child Care Employee Project, P.O. Box 5603, Berkeley, CA 94705, and we'll share your ideas in our newsletter, the Child Care Employee News.

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This handout was supported by a Membership Action Grant from the National Association for the Education of Young Children and by a grant from the Rosenberg Foundation.

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PERSONAL SAFETY FOR CHILD CARE STAFF

Avoiding Burnout
Acropolis Books, Ltd.
Washington, DC

Dear E.T.,

As winter approaches with fewer daylight hours, I find myself more scared to be alone at our center. I lock up after the last parent comes at six. Then I walk across our unlit yard and down two residential streets before I reach the bus. My co-worker who is responsible for opening the center at 6:30 in the morning is also jittery; last week she encountered a stranger in the yard. After that incident I raised the issue of self protection at a staff meeting, mentioning a sexual assault I heard about at another center across town. Most people were concerned but didn't know what to say or do; a few suggested that I was making a mountain out of a mole hill.

On Edge Employee

Dear On Edge:

I certainly don't think you're overreacting. Self protection is particularly important in child care settings where women employees are often alone early and late in the day. One of the common myths held by women in our society is that sexual assaults won't happen to them. Yet statistically it happens to one out of every four women!

Another myth is that nothing can be done to stop assaults. Recent studies indicate resistance from a women in the first few seconds wards off an attack 80% of the time, even when a weapon is involved. Sound preventative measures can also help. Here are a few specifically for child care centers:

1) Analyze the interior and exterior environment of your center for safety. In most communities, the sheriff or police department's crime prevention unit will do this for free. Check access area lighting, unnecessary shrubbery, etc. Have parents fundraise for exterior lights for the yard.

2) Solicit parent involvement. Have the closing staff person leave with the last family as routine policy.

3) Encourage co-worker cooperation. Support and take care of each other. Try to maintain sufficient staffing at all times of day. Walk together to cars or buses.

4) Be alert when opening and closing. Walk or drive around the building in the morning looking for illegal entries and then trust your intuition.

5) Know where the nearest phone is, and introduce yourself to specific neighbors who you can go to for help. Have a planned escape route.

6) Call police if suspicious-better safe than sorry.

7) Discuss procedures on how and when to deal with strangers in your center at staff meetings.

8) Talk to your landlord about safety measures (eg. deadbolt locks for windows and doors). In some communities landlords are liable if they fail to secure their property.

9) Use community resources to educate yourself, coworkers and parents about self defense and assertiveness training. Many cities have Rape Crisis Centers which provide free or low cost workshops. Plan one for your staff inservice, a parent meeting or for a local early chilhood conference.

We who spend so much time helping children learn appropriate responses for different situations must be realistic about our own capabilities. We must face the reality that in our present society, people must think seriously about personal safety.

E.T.

Thanks to Peggy Haack, Madison Area Child Care Workers United (MACWU) for this information.

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E.T. needs to hear from you. Write to us about any problems at your workplace and we will try to respond with concrete suggestions.

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Employee Rights

WORKERS' COMPENSATION BENEFITS

EMPLOYMENT RIGHTS, WAGE AND HOUR LAWS IN CALIFORNIA

EMPLOYMENT RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

Child Care Employee Project

P.O. Box 5603
Berkeley, California 94705
(415) 653-9889

Child Care Employee Project Handout #13

WORKERS' COMPENSATION BENEFITS

In Child Care Employee Project handouts #9 and #12, we discussed occupational health and safety problems faced by child care workers. These problems include exposure to illness, use of toxic substances, inappropriate workplace design, and stress. In this handout, we will present information on what type of assistance can be obtained if you have an illness or injury resulting from your job. This handout was written with specific reference to California regulations. However, workers' compensation is required by law in all states. If you live in another state, contact the local workers' compensation office to find out the specific legal provisions which affect you.

What is Workers' Compensation?

It is a program established by state law which provides, at the employer's expense, benefits for workers who have become injured or ill from or in the course of their employment. Any employee ill or injured on the job is automatically entitled to benefits, regardless of negligence or fault. In return, the employee gives up the right to sue the employer for damages due to the injury or illness. In certain instances a third party (such as manufacturer of equipment) may be sued by the employee.

Who is eligible?

An employee with any type of work-related injury or illness, from back strain to chicken pox, can apply for benefits. In California, workers whose employers are covered by insurance, those whose employers are self-insured, and even those whose employers are not insured, are eligible. A special fund administered by the Department of Industrial Relations supplies benefits to the latter group. While it is often difficult medically to prove a connection between work and injury or illness, you will lose nothing by applying for benefits.

How do I apply?

If you believe you have suffered a job-related accident or illness, you should:

- Report it to your supervisor, who must then file a report with the insurance carrier;
- See a doctor and make sure that s/he files a report to the workers' comp insurance carrier or your self-insured employer;
- Consider consulting a workers' comp certified attorney in order to make certain you receive the benefits to which you are entitled. Consultation is free.

You have one year from the date of the injury/illness to initiate proceedings, but it is probably a good idea to begin as soon as possible.

What doctor do I choose?

You may see the physician of your choice. Technically, to exercise this right, you must advise your employer of your doctor's name in writing, prior to your injury/illness. It is unlikely that your employer will interfere with your right to choose. However, your employer does have the right to request that you be seen by a physician of his/her choice at his/her expense.

In selecting a physician, it is important to realize that many M.D.s are not familiar with occupational medicine, nor with the hazards involved in working with young children. Therefore, it might be advisable to go to a clinic or a physician with expertise in occupational medicine. Some health plans employ doctors trained in occupational medicine (see Resource listing for specific suggestions). If you are not satisfied with your doctor, you may change, provided you give a good reason. You will need to inform your self-insured employer or the insurance carrier if you do.

What benefits will I receive?

1. Medical care and treatment: physician services, hospitalization, physical therapy and restoration (including devices deemed medically necessary, such as special chairs, braces, etc.), prescriptions, X-rays, lab studies, and all other "necessary and reasonable care" ordered by your physician. "Physicial" is broadly defined to include physicians, surgeons, psychologists, optometrists, dentists, podiatrists, osteopaths, chiroprators, and acupuncturists. All medical fees are paid directly by the insurance carrier.

2. Temporary Disability: If your doctor confirms that you cannot work because of your injury or illness, you are eligible for disability benefits. Payments generally begin the fourth full day off work, and continue until your doctor releases you to return to work or decides your condition has reached the point of maximum improvement. The weekly rate for temporary disability payments in California is based on 2/3 of your gross weekly wages. If you return to parttime or modified work by order of your physician, and receive less than your usual earnings, you may be eligible for temporary partial disability.

3. Permanent disability benefits: Once your physician determines that your condition is "permanent and stationary", with further change unlikely, your employer or insurance carrier will request an evaluation. The Disability Evaluation Bureau of the California State Division of Industrial Accidents will determine the extent of your permanent disability, and will generally offer to pay you a weekly benefit amount.

4. Vocational Rehabilitation: California has generous provisions for rehabilitation. If your physician diagnoses you as a "qualified injured worker", that is, unable to return to your job, and/or your injury/illness keeps you away from work six months or more, your employer is legally required to refer you for rehabilitation. Under the California program, a rehabilitation counselor develops a plan for you to receive training in a job you will be able to perform, and your employer must finance this training, as well as pay you temporary disability until you have completed the training.

5. Other benefits: transportation, tolls, parking to and from medical care appointments.

What if I don't receive the benefits I feel I am entitled to?

1. You may work within the system by contacting an "information and assistance officer" of the Division of Industrial Accidents.

2. You may request a hearing before a workers' compensation judge. Because the system is so complicateld, it is a good idea to be represented by an attorney at the hearing. Your needs will be best served by a "certified compensation attorney". The lawyer's fee is set by the judge, usually a small percentage of your settlement (approximately 9 - 15%).

Resources: Who do I contact for more information and assistance?

MEDICAL RESOURCES:

San Francisco Bay Area:
San Francisco General Hospital Workers' Clinic (821-5391)
Kaiser-San Francisco Workers' Clinic (929-4996)
These clinics have physicians trained in occupational medicine.

COSH groups (Committee On Safety and Health) exist around the country and can provide referrals to practitioners trained in occupational medicine. CCEP has a list of COSH groups. Also workers' compensation attorneys can often make referrals.

LEGAL RESOURCES

For referrals to workers' compensation attorneys, contact:

Child Care Law Center (415-495-5498)
Lawyers Reference Service (listed in local Yellow Pages
County Bar Association

BASIC INFORMATION ON BENEFITS AND REHABILITATION

In California, contact California State Department of Industrial Relations, Division of Industrial Accidents. There are 14 district offices, from San Diego to Eureka, each of which has an information and assistance office and a rehabilitation consultant.

City:	Information	Rehabilitation
San Francisco	557-1954	557-3915
Los Angeles	620-2144	620-4426
Oakland	464-1358	464-0545

In other states, contact the local Workers' Compensation office

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Special thanks to Helen Stein who authored this handout. Thanks also to attorney Steve Birnbaum and attorney Carol Stevenson of the Child Care Law Center for technical advice.

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Child Care Employee Project

P.O. Box 5603
Berkeley, California 94705

CHILD CARE EMPLOYEE PROJECT HANDOUT # 7: EMPLOYMENT RIGHTS, WAGE AND HOURS LAWS IN CALIFORNIA

As an employee in a child care program, you are entitled to the same legal rights as most other workers. Both federal and state laws protect employees with respect to minimum wages, overtime pay, and some working conditions. You probably are covered by both the California and federal law. If so, you get the benefit of whichever law gives you the most protection. On almost all points, the California law is better. This handout is a general summary of those laws as they apply to child care employees in California.

If you have a question about your own situation at work, you should contact one of the government agencies listed below who enforce these laws, your union, if you have one, or a lawyer. You are also welcome to call us for information and referrals. (213-395-7577 or 415-653 9889)

WHO IS COVERED BY THE CALIFORNIA WAGE AND HOUR LAWS?

The California wage and hour law which applies to child care employees is called WAGE ORDER 5-80. It covers regulations for overtime, minimum wage and breaks. A copy may be obtained free from your State Labor Commissioner's local office.

WAGE ORDER 5-80 covers all employees in child care programs, except for the following:

- People employed directly by the State, any county, city, or school district.* (If your center merely receives funding from one of these entities, you are only indirectly employed by them. Therefore, you are covered by 5-80.)

- Caretakers with 24 hour responsibility for supervising children.

- Employees covered by a union contract which creates valid overtime pay exemptions.

- ADMINISTRATIVE, EXECUTIVE or PROFESSIONAL employees. Deciding which employees fall into these categories can be complicated. California and federal standards differ slightly, but with each, it is the job duties, rather than job titles, which are decisive.

  A common question arising in child care centers is whether teachers are "professionals" under this law. Professionals include teachers who have a Bachelor's Degree and a teaching certificate issued by the State. Professional does not include child care employees having the Children's Center Instructional Permit. These employees, even when called teachers, are covered by 5-80.

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* People employed directly by these entities are covered by other regulations spelled out in civil service and education codes. Check with personnel officers, employee associations or unions at these workplaces to find out about coverage.

An employee may also be considered professional, administrative or executive if he or she is engaged in work which is primarily (that is more than 50%) intellectual, managerial or creative, which requires exercise of discretion and independent judgment, and is paid at least $900 a month. In general this includes certified teachers, accountants, and center directors. It does not include teacher's aides, nurses, social workers, secretaries and bookkeepers. However, if a director earns less than $900 a month, regardless of responsibilities, he or she is not included.

This exemption is often significant in disputes over who is entitled to to overtime pay. If you have questions whether you have been properly classified as professional, administrative or executive, contact the California Labor Commisioner for clarification.

WHO IS COVERED BY THE FEDERAL WAGE AND HOUR LAWS?

The federal wage and hour laws are set out in the Fair Labor Standards Act (FLSA). Any employee is covered who is "engaged in interstate commerce," except for the exemptions listed below. The interstate commerce law is so broad that almost every employee of a child care center will be covered. If at your job you handle any goods that came from another state, such as toys, food, or paper, then you meet the requirement. It doesn't matter whether your employer is non-profit or profit.

However, the FLSA does not cover the following groups:

a) Employeees who are members of the immediate family of their employer.

b) People employed directly by a State, county, city or school district.

c) Babysitters employed on an occasional basis.

d) Administrative, excutive or professional employees. (See discussion above.)

WHAT IS THE MINIMUM WAGE AND HOW IS IT FIGURED?

The current minimum wage is $3.35 per hour. It applies to all employees, whether full-time, part-time, temporary, hourly or salaried.

Minimum wage is based on all hours worked. "Hours worked" including:

- all time during which you are required to be on employer's premises
- unauthorized overtime work if your employer knew or had reason to know you were still working
- rest periods (breaks) allowed by law
- preparatory and concluding activities (for instance, setting up or putting away equipment) if the activity is integral to the work or if it is an established practice
- training, lectures, and meetings unless attendance is voluntary and outside working hours (this means that required staff meetings should be compensated)
- travel time during the workday, if job related
- time spent adjusting employee grievances (including your own), unless your union contract says otherwise

Minimum wage laws do not apply to meal periods if the period is at least 30 minutes long and you are free to leave your work station.

WHEN ARE YOU ENTITLED TO OVERTIME PAY?

Overtime pay is calculated by multiplying your regular rate of pay times the applicable premium, which is usually 1½ or 2. For example, if your regular hourly pay is $4.00, and you worked overtime for one hour, you get paid $6.00 for that hour ($4.00 times 1½).

In California, you are entitled to overtime pay when you work:

- Over 40 hours per week = Time and a half.
- Over 8 hours per day = Time and a half.
- Over 12 hours per day = Double time
- Over 6 days per week:
  - -for the first 8 hours of 7th day = Time and a half.
  - -all additional hours of 7th day = Double time.
  - -if you have not worked more than 30 hours in the week and not worked more than 6 hours in any day, overtime pay is not required.

Overtime is based on a 7 day workweek. An employer cannot, for instance, average your hours over two weeks to figure overtime hours.

Split-Shift Premium: When your workday is interrupted by a non-paid interval other than a meal period, your employer must pay you additionally that day an extra hour's pay at the minimum wage. Employees in before and after school programs are entitled to seven hours pay if they work from 7 to 9 am and then again from 2 to 6 pm.

WHAT IS YOUR "REGULAR RATE OF PAY" FOR FIGURING OVERTIME PAY?

If you get paid an hourly wage, then your regular rate is your hourly wage. So, for overtime pay you get 1½ times your hourly wage.

If you are paid on a salary basis for a specified number of hours each week, the regular rate is obtained by dividing the weekly salary by the specified hours. If a salary is paid as straight time pay for whatever number of hours is worked in a workweek, the regular rate is obtained by dividing the salary by the total hours worked each week. (Thus, your regular rate may actually vary from week to week.)

Regular rate does not include:

- bonuses in the nature of a gift.
- vacation pay, sick pay or pay for other unworked time.
- employer contributions to pension or health insurance plans.

WHEN CAN YOU TAKE "COMP TIME" INSTEAD OF OVERTIME?

Comensatory time, usually called "comp time," is time off from regular working hours. It is sometimes granted instead of extra pay when you work overtime. Under California law, comp time cannot be used as payment for overtime unless the following three conditions are met:

- it is requested by you, the employee.
- it is provided in the same workweek as the extra work.
- it is granted at the overtime premium rate applicable (for instance, you get 1½ hours off for working nine hours in a day).

The employer must keep accurate records of comp time earned and used.

CAN YOUR EMPLOYER MAKE DEDUCTIONS FROM YOUR WAGES?

Yes, but for the following reasons only:

- Lateness. If you are late, you do not get paid for the time not worked. If the time lost is less than 30 minutes the employer can dock you a full 30 minutes of pay.
- Absences, even if caused by sickness or disability.
- Infractions of safety rules enacted to prevent serious injury to other employees.
- Breakage of equipment when caused by a willful or grossly negligent act of the employee.

WHAT ABOUT BREAKS?

You are entitled to a 30 minute, unpaid meal period during a work period of 5 hours or more. You can agree to an "on-duty" paid meal period only if;

- the nature of the work prevents relieving you of all duties, and
- you, the employee, agrees in writing to give up the meal period.

You are also entitled to a 10 minute rest period ("coffee break") for each 4 hours worked. As far as practical, this must be in the middle of the work period. This break is not required for employees who work less than 3½ hours a day.

WHAT TYPES OF RECORDS MUST BE KEPT REGARDING YOUR WORKING HOURS?

The employer must keep records for each employee which state:

- full name.
- Social Security number.
- home address.
- sex and occupation.
- hours: regular time of day and when workweek begins.
- total additions to or deductions from wages for each pay period.
- date of pay and the pay period covered by payment.

These records must be kept on file for three years. California law permits employees to inspect personnel records used to determine the employee's qualifications for employment, promotion, raises, termination or discipline. These records must either be kept at the workplace or made available there within a reasonable time. (This does not apply to records relating to any investigation of a possible criminal offense, nor to letters of reference.)

Other employee policies, such as grievance procedures, hiring policy, etc., do not have to be written into a contract or personnel procedures. However, these documents which spell out policy are useful to both employees and employers. Whenever possible they should be requested.

HOW CAN I ENFORCE MY RIGHTS UNDER THE WAGE AND HOUR LAWS?

The state wage and hour laws are enforced by the California Labor Commissioner*

* To locate your nearest office of the LABOR COMMISSIONER, look in the telephone book Government listings under State of California, Industrial Relations Department. The Labor Commissioner (also sometimes called Labor Standards Enforcement) is listed among the divisions of the Industrial Relations Department.

The federal wage and hour laws are enforced by the Wage and Hour Division of the U.S. Department of Labor.* You can file a claim with either of these agencies if you think you are being denied proper overtime pay or other rights guaranteed by the wage and hour laws. The agency will investigate and make a decision on your claim. If they decide your employer owes you wages, they have the power to make the employer pay. If either you or the employer disputes the agency decision, then you may appeal to get an informal hearing on your case.

In California, it is probably a better idea to file your claim with the California Labor Commissioner, rather than the federal agency, because the California law offers higher levels of protection on overtime and most other matters. Also, the Labor Commissioner is quite prompt, as agencies go, in resolving claims.

DO I HAVE RIGHTS TO ENFORCE MY EMPLOYER'S OWN POLICIES?

Very often, yes. Many employers have policies or practices that exceed the benefits required by law. For instance, they may provide vacation pay, extra holiday pay, or sick pay, none of which are mandatory. These may be written policies or may be just established customs of practice. If this is true in your workplace, then you may have contractual rights based on those policies or practices. If, for instance, your employer makes a practice of giving two weeks of paid vacation to all employees, and you started working there assuming you'd get vacation too, then the boss probably has a contractual obligation to give you a paid vacation. Under these circumstances, you have an implied contract with the employer. To enforce such contractual rights you would probably have to get a lawyer's help.

CAN I NEGOTIATE FOR MORE RIGHTS THAN PROVIDED BY THE LAW?

Yes. The law sets only minimum requirements. Your employer can give more, but not less than required by law. You and your co-workers can try to negotiate for better wages or working conditions with your employer. Your agreements will be written up in an employment contract. In general, the more people negotiating together, the more bargaining power you'll have.

CAN I BE FIRED FOR INSISTING ON MY RIGHTS?

It is illegal for your employer to fire you, or otherwise retaliate against you, for filing a claim with the enforcement agencies, or for being a witness to a co-worker's case. If you get fired on account of filing a claim with the Labor Commission, you must file another claim within 30 days of the firing saying that the employer wrongly fired you. The Labor Commissioner can get your job back, with back pay, and may fine your employer as well.

The federal law also says you cannot be fired for "exercising your rights" under the Wage and Hour Laws. This would include a broader area of activities than filing a claim, such as speaking out at work about lack of overtime pay or perhaps insisting on a real lunch break when the employer wants you to eat while working. Although in theory it is illegal to fire an employee for exercising

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* To locate your nearest office of the WAGE AND HOUR DIVISION, look in the United States Government listings in the phone book under Labor Department. The Wage and Hour Division is listed there. Also you can write to the national office for information: Administrator of Wage and Hour Division, U.S. Department of Labor, Washington D.C. 20210.

such rights, in practice, it is often done anyway. You can file a claim with the Wage and Hour Division to get your job back, but it is usually difficult to prove your case. The employer will offer another, legitimate reason for firing you, such as poor job performance and you would have to prove that was not the real reason you were fired.

Another federal agency, the National Labor Relations Board, also protects the rights of employees to take action together regarding their working conditions. It is illegal to be fired for such activity, and you can file a claim with the Board if you were illegally fired. But again, it is often difficult to prove why you were fired. Also the administrative process with the Board can take a long time, and you might not get your job back for a year or two, even if you win.

Another possible remedy would be a lawsuit for wrongful termination. This is a legal claim based on California common law. To pursue this remedy, you should contact a lawyer to analyze your situation and advise you.

In summary, you will have to decide for yourself the risk you are willing to take in speaking out about wages and working conditions. By far the safest course of action, if you are being denied rights guaranteed by the Wage and Hours laws, is to file a claim with the Labor Commissioner or the federal Wage and Hour Division. Let them help you enforce your rights.

ARE WAGES AND HOURS THE ONLY ASPECT OF MY JOB INVOLVING LEGALITIES?

NO! There are laws relating to a number of other issues affecting your job. These include:

- taxes you and your employer must pay.
- benefits you are entitled to.
- liability coverage in case of accidents involving you or children in your care.
- suspected child abuse and your responsibilities.
- custody disputes and how to respond.
- unionizing.
- licensing violations.

For more information on these issues and other aspects of child care working conditions, contact the Child Care Employee Project, P.O. Box 5603, Berkeley, California 94705 (415) 653-9889

This handout was developed jointly by the Women's Labor Project and the Child Care Employee Project with support by a Membership Action Grant from NAEYC and a grant from the Rosenberg Foundation. Copyright, 1982.

Child Care Employee Project

P.O. Box 5603
Berkeley, California 94705

CHILD CARE EMPLOYEE PROJECT HANDOUT # 8: EMPLOYMENT RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

The federal law which provides for minimum wage and overtime pay is called the Fair Labor Standards Act (FSLA). Child care workers are covered to the same extent as any other worker. This leaflet is a brief summary of the provisions of the FSLA. If you have a specific question about your own situation at work, you should contact the Wage and Hour Division of the U.S. Department of Labor, which enforces the FSLA, your union, if you have one, or a lawyer. You are also welcome to call us for information and referrals (415 653-9889).

Most States also have wage and hour laws to protect workers. Sometimes the State law sets even higher standards than the federal. If you are covered by both the federal and State law, then you get the benefit of whichever gives you the highest level of protection. To enforce your State law, you must contact the appropriate agency in your State. Unfortunately, the names of the agencies enforcing these laws vary from state to state. To locate the agency in your state, call the information number for your state government and ask who enforces minimum wage and overtime laws.

Who is covered by the Fair Labor Standards Act?

Any employee is covered who is "engaged in interstate commerce," except for the exemptions listed below. The interstate commerce law is so broad that almost every employee of a child care center will be covered. If at your job you handle any goods that came from another state, such as toys, food, or paper, then you meet the requirement. It doesn't matter whether your employer is non-profit or profit.

However, the FLSA does not cover the following groups:

a) Employees who are members of the immediate family of their employer.

b) People employed directly by a State, County, City or School District.* (If your center merely receives funding from one of these entities, you are only indirectly employed by them, so you are still covered by the FLSA.)

c) Babysitters employed on an occasional basis.

d) ADMINISTRATIVE, EXECUTIVE, or PROFESSIONAL employees are exempt from the minimum wage and overtime provisions of the FLSA. This exemption is often significant in deciding who is entitled to overtime pay. Deciding which employees fall into these categories can get technical under the federal regulations, but it is the job duties, not the job title, that controls.

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* People employed directly by these entities are covered by other regulations spelled out in civil service and education codes. Check with personnel officers, employee associations or unions at these workplaces to find out coverage.

Here are some guidelines:

Executive: Must direct at least 2 other employees. Has authority to hire and fire, and spends at least 80% of time in executive capacity.

Administrative: Duties must call for exercise of discretion and independent judgment. Does specialized work under only general supervision, and spends 80% of time in administrative capacity.

Professional: Primary duties require a prolonged course of specialized study and exercise of discretion.

A common question arising in child care centers is which teachers are "professionals." Under the FLSA, professionals include teachers who have a Bachelor's Degree and a state Teaching Certificate. Anyone called a teacher, but who does not have a Bachelor's AND Certificate, does not fall into the professional exemption, and therefore is still entitled to overtime pay. If you have a question as to whether you have been properly classified as professional, administrative, or executive, contact the nearest office of the Wage and Hour Division.

What is the Minimum Wage and how is it figured?

The current minimum wage is $3.35 per hour. It applies to all employees, whether full-time, part-time, temporary, hourly or salaried.

Minimum wage is based on all hours worked. "Hours worked" includes:

- all time during which you are required to be on employer's premises.
- unauthorized overtime work if your employer knew or had reason to know you were still working.
- rest periods (breaks) allowed by law.
- preparatory and concluding activities (for instance, setting up or putting away equipment) if the activity is integral to the work or if it is an established practice.
- training, lectures, and meetings unless attendance is voluntary and outside working hours (this means that required staff meetings should be compensated).
- travel time during the workday, if job related.
- time spent adjusting employee grievances (including your own), unless your union contract says otherwise.

Minimum wage laws do not apply to meal periods if the period is at least 30 minutes long and you are free to leave your work station.

When are you entitled to overtime pay?

When you work more than 40 hours in a workweek, you must get paid 1½ times your regular rate of pay for each additional hour (State laws often have even better overtime rules, so check your state agency.). For example, if your regular hourly pay is $4.00 and you worked 44 hours in one week, then your total pay for that week is $184 (40 hours @ $4/hr. and 4 hours @ &6/hr.).

Both minimum wage and overtime must be computed based on the hours worked in each 7-day workweek standing alone. The employer cannot average the hours of work over two or more workweeks. Overtime pay must normally be paid on the pay day for the pay period in which it is worked.

What is your "regular rate of pay" for figuring overtime pay?

If you get paid an hourly wage, then your regular rate is your hourly wage. So, for overtime pay you get 1½ times your hourly wage.

If you are paid on a salary basis for a specified number of hours each week, the regular rate is obtained by dividing the weekly salary by the specified hours. If a salary is paid as straight time pay for whatever number of hours is worked in a workweek the regular rate is obtained by dividing the salary by the total hours worked each week. (Thus, your regular rate may actually vary from week to week.)

Regular rate does not include:
- bonuses in the nature of a gift.
- vacation pay, sick pay, or pay for other unworked time.
- employer contributions to pension or health insurance plans.

Can you take "Comp Time" instead of overtime?

Compensatory time, usually called "comp time" is time off from regular work hours. It is sometimes granted instead of extra pay when you work overtime.

Comp time is not actually allowed by law, but the enforcing agency, the Wage and Hour Division, will sometimes permit it, though it is discouraged. If it is used, the comp time should be taken during the same workweek in which the extra hours were worked, on an hour for hour basis. For example, if you are supposed to work 40 hours between Monday and Friday and by Thursday you have worked all 40, then you would be entitled Friday off.

If the comp time is not taken within the same workweek, it must be taken at least in the same pay period, in which case, you get "time and a half" off for each extra hour worked.

If comp time is used, the employer must keep accurate records of it.

Can your employer make deductions from your wages?

Yes, but for the following reasons only:
- Lateness.
- Absences, even if cause by sickness or disability.
- Breakage of equipment when caused by a willful or grossly negligent act of the employee.

How often am I supposed to get paid?

The employer may make the wage or salary payment at regular intervals, such as weekly, every two weeks or once a month.

What records must be kept of my work hours and pay?

Employers are required to keep records for each employee on wages, hours, and other items listed in the regulations. No particular form of records is required, but all hours worked each workday and the total hours worked each workweek must be recorded in some manner for nonexempt employees. Records of the required information must be kept for 3 years.

How can I enforce my rights under the FLSA?

The FLSA laws are enforced by the Wage and Hour Division of the U.S. Department of Labor.* You can file a claim with their agency if you think you are being denied proper overtime pay or other rights guaranteed by the FLSA. This agency will investigate and make a decision on your claim. If they decide your employer owes you wages, they have the power to make the employer pay.

Do I have rights to enforce my employer's own policies?

Often an employer has policies or practices that exceed the benefits required by law. These may be written policies or may be just established customs of practice. If this is true in your workplace, then you may have contractual rights based on those policies or practices. If, for instance, your employer makes a practice of giving 2 weeks paid vacation to all employees, and you started working there assuming you'd get vacation too, then the boss probably has a contractual obligation to give you a paid vacation. Under these circustances, you have an implied contract with the employer. To enforce such contractual rights you would probably have to get a lawyer's help.

Can I negotiate for more rights than provided by the FLSA?

Yes. The FLSA sets only minimum requirements. Your employer can give more, but not less than required by law. You and your co-workers can try to negotiate for better wages or working conditions with your employer. Your agreements will be written up in an employment contract. In general, the more people negotiating together, the more bargaining power you'll have.

Can I be fired for insisting on my rights?

It is illegal for your employer to fire you, or otherwise retaliate against you, for filing a claim with the enforcement agency, or for being a witness for a co-worker's case. If you get fired on account of filing a claim with the Wage and Hour Division, you must file another claim saying that the employer wrongly fired you. The Wage and Hour Division can get your job back, with back pay, and may fine your employer as well.

The federal law also says you cannot be fired for "exercising your rights" under the FLSA. This would include a broader area of activities than filing a claim, such as speaking out at work about lack of overtime pay or perhaps insisting on a real lunch break when the employer wants you to eat while working. Although in theory it is illegal to fire an employee for exercising such rights, in practice, it is often done anyway. You can file a claim with the Wage and Hour Division to get your job back, but it is usually difficult to prove your case. The employer will offer another, legitimate reason for firing you, such as poor job performance, and you would have to prove that was not the real reason you were fired.

Another federal agency, the National Labor Relations Board (NLRB), also protects

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* To locate your nearest office of the WAGE AND HOUR DIVISION, look in the phone book United States Government listings under Labor Department. The Wage and Hour Division is listed there. Also you can write to the national office for information: Administrator of Wage and Hour Division, U.S. Department of Labor, Washington D.C. 20210.

the rights of employees to take action together regarding their working conditions. It is illegal to be fired for such activity, and you can file a claim with the Board if you were illegally fired. The NLRB can handle your claim only if your employer has yearly gross revenues (total money taken in) of at least $250,000 and purchases at least $2,500 worth of goods from out of state. But again, it is often difficult to prove why you were fired. Also, the administrative process with the Board can take a long time, and you might not get your job back for a year or two, even if you win.

In summary, you will have to decide for yourself the risk you are willing to take in speaking out about wages and working conditions. By far the safest course of action, if you are being denied rights guaranteed by the Wage and Hours laws, is to file a claim with the Wage and Hour Division. Let them help you enforce your rights.

Are wages and hours the only aspect of my job involving legalities?

NO! There are laws relating to a number of other issues affecting your job. These include:

- taxes you and your employer must pay.
- benefits you are entitled to.
- liability coverage in case of accidents involving you or children in your care.
- suspected child abuse and your responsibilities.
- custody disputes and how to respond.
- unionizing.
- licensing violations.

For more information on these issues and other aspects of child care working conditions contact the Child Care Employee Project, P.O. Box 5603, Berkeley, California 94705 (415) 653-9889

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